

H. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

335-1281001-363
PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-10m-6-20-11

County of AdaCity of BeaumontRegistration District No. 8File No. 30435

No. _____ St. _____

Primary Registration District No. 2004Registered No. 14

Hospital _____

FULL NAME OF CHILD Walter Earl Clements

Sex of Child

MTwin,
Triplet,
or other?

and

Number
in order
of birth1stLegiti-
mate?YesDate of
BirthJune 281905

(To be answered only in event of plural births)

FULL
NAMEJacob A. Clements

FATHER

FULL
MAIDEN
NAMEFannie Cox

MOTHER

RESIDENCE

Beaumont Ida

RESIDENCE

Beaumont Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY27
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY22
(Years)

BIRTHPLACE

Mo

BIRTHPLACE

Beaumont

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn)

6-30-05

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

L. B. Brown

(Physician or Midwife)

Given name added from a supplemental report

19

Address

Filed

5/14

19

M. L. Parker

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

666209-001-296
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

120666

County of Ada

City of Boise

No. _____ St. _____

Registration District No. _____

File No. 120666

Hospital _____

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD

Edith Woodcock

(Certificate of no value without full name of child.)

Sex of
Child

Female

Twin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?

yes

Date of
birth

1893
192
(Month) 12 (Day) 9 (Year)

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth... 4 ...

Number of child of this mother now living, including present birth... _____

FULL
NAME

FATHER

J. P. Woodcock

FULL
MAIDEN
NAME

MOTHER

Anna Brodbeck

RESIDENCE

Boise Idaho

RESIDENCE

Boise

COLOR

White

AGE AT LAST
BIRTHDAY

39

(Years)

COLOR

White

AGE AT LAST
BIRTHDAY

30

(Years)

BIRTHPLACE

Oregon

BIRTHPLACE

Idaho

OCCUPATION

Merchant

OCCUPATION

House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at _____ M.
on the date above stated. (Born alive or stillborn)

{ *When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth. }

(Signature)

E. C. Colburn

(Physician or midwife)

Give names added from a supplemental report.

Address

Boise

Filed

Apr. 25 1924

F. W. Almond, M.D.

Registrar.

Registrar.

JUL 15 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

949 207 083 814
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

133197

CERTIFICATE OF BIRTH

County of Swanlake
City of Swanlake
No. home St. Registration District No. 28 State File No. 133197
Hospital _____ Primary Registration District No. 2161 Local Registrar's No. 2093
FULL NAME OF CHILD Ruth Luigley

(Certificate of no value without full name of child)

Sex of Child Female Twin Triplet or other? _____ and { Number in order of birth _____ } Legitimate? yes Date of birth May 7 1925
(To be answered only in event of plural births) (Month) (Day) (Year)

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER
FULL NAME David I. Luigley
RESIDENCE Swanlake
COLOR W AGE AT LAST BIRTHDAY 36
(Years)
BIRTHPLACE Hyrum Utah
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Eliza A. Hadley
RESIDENCE same
COLOR W AGE AT LAST BIRTHDAY 24
(Years)
BIRTHPLACE Boysert Utah
OCCUPATION housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at 330 P. M.
on the date above stated. { Stillborn }

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Dr. J. Howell (dead)

Dr. Mrs. Eliza Hadley
(Physician or midwife) (mother)

Address Swanlake Idaho

Filed 7/29 1925 Registrar J. Howell

Registrar.

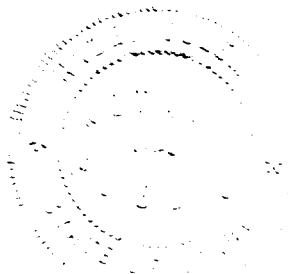
Registrar.

This is a true copy of birth certificate of my daughter Ruth Quigley.

Subscribed and sworn to before me this
29th day of July 1925.

Eliza Stritmatter

Hazel Coleman
Notary Public.



PLACE

RECEIVED OCT 20 1926
NOV 13 1926

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

147593

147593

County of LaurelCity of TroyNo. 66-228Registration District No. 61

State File No.

Hospital

Primary Registration District No.

Local Registrar's No.

FULL NAME OF CHILD

Ella May Wood
(Certificate of no value without full name of child)

Sex of Child

FemaleTwin
Triplet
or other?

}

and

{ Number
in order
of birth

Legitimate?

Yes

Date of birth

Oct. 26

(Month)

(Day)

(Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth

3

Number of child of this mother now living, including present birth

3

FULL NAME

FATHER

David Allen Wood

RESIDENCE

Troy, Idaho

COLOR

White

AGE AT LAST BIRTHDAY

47
(Years)

BIRTHPLACE

Yam Hill Co. Oregon

OCCUPATION

Farmer

FULL MAIDEN NAME

MOTHER

Nettie E. Dermott

RESIDENCE

Troy, Idaho

COLOR

White

AGE AT LAST BIRTHDAY

34
(Years)

BIRTHPLACE

St. Louis, Mo.

OCCUPATION

Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive stillborn at 11 o'clock a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

, 192

(Signature)

Mrs. D. A. WoodMother

(Physician or midwife)

Address

Hutton, Alta. Canada

Filed

Oct 20 1926David Burrell

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



100

3

2

100

100

100

100

DELAYED

PLACE OF BIRTH

STATE OF IDAHO

of Nez Perce

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

268 201035 235

Registration District No.

State File No.

151378

Hospital

Primary Registration District No.

Local Registrar's No.

FULL NAME OF CHILD

Laurene Pearl Boyer

(Certificate of no value without full name of child)

Sex of
Child FemaleTwin
Triplet
or other?

}

and {

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?

Yes

Date of

birth Jan. 1st

1895

(Month)

(Day)

(Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1st

Number of child of this mother now living, including present birth 2

FULL
NAME

FATHER

Calvin Boyer

RESIDENCE

Lewiston, Idaho

COLOR

White

AGE AT LAST
BIRTHDAY

35

(Years)

BIRTHPLACE

Gettysburg, Penn.

OCCUPATION

Farmer

FULL
MAIDEN
NAME

MOTHER

Mary Naomi Steen

RESIDENCE

Lewiston

COLOR

White

AGE AT LAST
BIRTHDAY

24

(Years)

BIRTHPLACE

Walla Walla, Wash.

OCCUPATION

Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

{ Born alive }

{ Stillborn }

{ at }

M.

I hereby certify that I attended the birth of this child, who was

on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature)

Calvin Boyer Father

Elizabeth Ann Steen

Grandmother

Address

Lewiston,

Filed

May 18 1927

Registrar.

(over)

David Burrill

State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF MORE THAN ONE CHILD AT BIRTH A SEPARATE RETURN MUST BE MADE FOR EACH CHILD, IN ORDER OF BIRTH STATED, AND THE NUMBER OF EACH.

Names and addresses of persons who are
acquainted with information given on re-
verse side hereof:

William Williams, Clarkston, Wash.

Martin Boyer, Lewiston, Idaho.

Rosa Boyer, Lewiston, Idaho.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285-106-028-751
PLACE OF BIRTH

County of Rothman
City of
No. St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **159671**

Registration District No. State File No. 159671

(If born in hospital or institution give name.)

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Cesar G. Sheffield

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>Nov 1 1895</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? None used

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead 0 Stillborn 0

FATHER FULL NAME <u>Frank Sheffield</u>	MOTHER FULL MAIDEN NAME <u>Annie C. Vase</u>
--	---

Residence (Usual place of abode) Rothman, Idaho

If nonresident, give place and State

Color or race white Age at last Birthday 27 (Years)

Birthplace Prarie du chien, Miss. (City and State or Country)

Occupation farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at 3.00 P M. on the date above stated.

(Signature) Frank Henry

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Rothman, Idaho
(Physician or midwife)

Filed Apr 2 1928 David Burrell State Registrar.



PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

693-213-901-769

County of

City of

Registration District No.

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child

Twin
Triplet
or other?

and

Number
in order
of birthLegiti-
mate?Date of Birth
(Month) (Day)

FULL NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

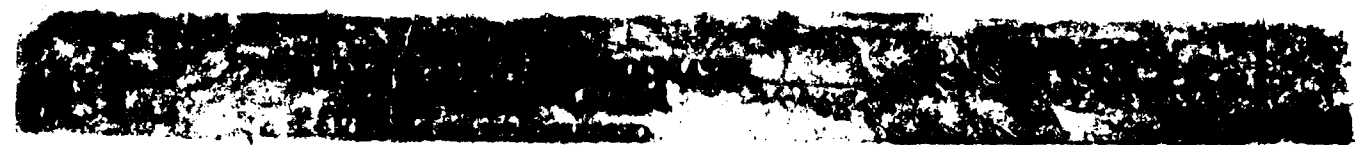
Address

Filed

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

412-112-040-366
PLACE OF BIRTH
County of Shoshone
City of Kellogg
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECORDED JUN 3 1923
170916

Registration District No. _____ State File No. _____

(If born in hospital or institution
give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Chase Rudyard Mason
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>July 12 1895</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth Six (a) Born alive and now living Four

Born alive but now dead Two Stillborn _____

FATHER	MOTHER
FULL NAME <u>Oscar Mason</u>	FULL MAIDEN NAME <u>Alice Cooper</u>

Residence (Usual place of abode) Kellogg Residence (Usual place of abode) Kellogg

If nonresident, give place and State _____ If nonresident, give place and State _____

Color or race White Age at last Birthday 42 Color or race White Age at last Birthday 42
(Years) (Years)

Birthplace N. Y. State Birthplace England
(City and State or Country) (City and State or Country)

Occupation Blacksmith Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at _____ M.

(Signature) Alice Mason Harris

Mother
(Physician or midwife)

Address Spangle Wash

Filed _____ 19 _____

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

5

DELANED

WRITE MAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

468-223-029-271
PLACE OF BIRTH

RECEIVED JUN 11 1929

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Catah

City of Moscow

No. _____ St. _____

Registration District No. 61

File No. 170738

Hospital _____

Primary Registration District No. 1011

Registered No. 46

FULL NAME OF CHILD

Hazel Jane Doyle

(Certificate of no value without full name of child.)

Sex of Child

Female

Twin
Triplet
or other?

{ and {

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?

Yes

Date of
birth

April 27 1895
(Month) (Day) (Year)

What bacteriocidal solution was used in eyes? _____

Number of child of this mother, including present birth.....3

Number of child of this mother now living, including present birth.....3

FULL
NAME

FATHER

William E Doyle

RESIDENCE

Moscow Idaho

COLOR

White

AGE AT LAST
BIRTHDAY

41
(Years)

BIRTHPLACE

Wisconsin

OCCUPATION

Miner

FULL
MAIDEN
NAME

MOTHER

Lillian Warner Sparrow

RESIDENCE

Moscow Idaho

COLOR

White

AGE AT LAST
BIRTHDAY

31
(Years)

BIRTHPLACE

North Carolina

OCCUPATION

Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

Born alive at 4:30 A M.
(Born alive or stillborn)

* When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

W H Carithers
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address

Moscow Idaho

Filed

May 29 1929

W H Carithers

Registrar.

Registrar.

5
JUN 10 1944

DELAYED

PLACEMENT OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

173538

County of Bear LakeCity of OvidNo. 413-129-204-1515 St.413-129-204-1515(If born in hospital or institution
give name.)Registration District No. 17 State File No. 173538Prim. Registration District No. 17 Local Registrar's No. 173538FULL NAME OF CHILD William Milton Mathisen

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other?	{ and }	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>May 29</u> (Month) (Day) (Year) <u>1895</u>
(To be answered only in event of plural births)					

What prophylactic was used to prevent Ophthalmia Neonatorum? 2Number of child of this mother, including present birth 2 (a) Born alive and now living 2Born alive but now dead 2 Stillborn 2

FATHER FULL NAME <u>Michael Lorenburg Mathisen</u>	MOTHER FULL MAIDEN NAME <u>Agnes Van Roy</u>
---	---

Residence (Usual place of abode) <u>Ovid</u>	Residence (Usual place of abode) <u>Ovid</u>
--	--

If non-resident, give place and State	If non-resident, give place and State
---------------------------------------	---------------------------------------

Color or race <u>White</u> Age at last Birthday <u>24</u>	Color or race <u>White</u> Age at last Birthday <u>20</u>
---	---

Birthplace <u>Ovid, Bear Lake Co., Idaho</u> (Years)	Birthplace <u>Ogden Utah</u> (Years)
--	--------------------------------------

City and State or County	City and State or County
--------------------------	--------------------------

Occupation <u>School Teacher</u>	Occupation <u>Housewife</u>
----------------------------------	-----------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at Agnes Mathisen M.
on the date above stated. Mother

(Signature) Agnes Mathisen

(Physician or midwife)

Address 612 - 11th Ave. So.ampa Ida.Filed Sept 16 1929 B. M. Mary

State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

WHICH BIRTH DAY
CORRECT?

BOTH
DELAYED

Dup of 1895-304741

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada
City of Meridian
No. 242 St. 219

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

BIRTH

Registration District No. 1785 State File No. 428(If born in hospital or institution
give name.)Prim. Registration District No. Lloyd Ellis Hutcherson Local Registrar's No. 1785428FULL NAME OF CHILD Lloyd Ellis Hutcherson
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>January 4th</u> <u>1925</u> (Month) (Day) (Year)
------------------------	---	---	-----------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 2 (a) Born alive and now living 2Born alive but now dead Stillborn

FATHER FULL NAME <u>Sargent Madison Hutcherson</u>	MOTHER FULL MAIDEN NAME <u>Ether Adelaide Barber</u>
---	---

Residence (Usual place of abode) Meridian

If non-resident, give place and State

Color or race White Age at last Birthday 31 (Years)Birthplace Missouri (City and State or County)Occupation Farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at Meridian M.
on the date above stated.

(Signature) Ether A. Hutcherson

(Physician or midwife)

Address Meridian IdahoFiled March 6 1930 Bessie N. Upper Registrar

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DECEASED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

MAY 31 1930

DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15-917

180919

County of Idaho
City of Boise
No. _____ St. _____

Registration District No. _____ State File No. 180919

(If born in hospital or institution
give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD

Arnold H. Thommen

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Male Twin Triplet or other? _____ and _____ Number in order of birth _____ Legitimate? Yes Date of birth June 5, 1895
(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth One (a) Born alive and now living One

Born alive but now dead _____ Stillborn _____

FATHER FULL NAME Agustave Thommen MOTHER FULL MAIDEN NAME Eva Katzenmeyer

Residence (Usual place of abode) Boise Idaho Residence (Usual place of abode) Boise Idaho

If non-resident, give place and State _____ If non-resident, give place and State _____

Color or race White Age at last Birthday 43 Color or race White Age at last Birthday 22
(Years) (Years)

Birthplace Basel Switzerland Birthplace Freeport Illinois
(City and State or Country) (City and State or Country)

Occupation _____ Occupation _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at 4 a M.
on the date above stated. { Stillborn }

(Signature)

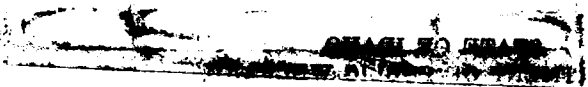
Geo Callahan
(Physician or midwife)

Address Boise, Idaho

Filed June 2, 1930 Bessie N. Lepper
State Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

12/23/40 L. B.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of BlaineCity of OrpingtonNo. 632-212-018-168 St.(If born in hospital or institution
give name.)FULL NAME OF CHILD Sophie Lettie Olson

SEP 8 1930

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 183470 State File No. 183471Prim. Registration District No. 183471 Local Registrar's No. 183471

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other?	and	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>April 12, 1895</u>
	(To be answered only in event of plural births)				(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? NoneNumber of child of this mother, including present birth 4 (a) Born alive and now living yesBorn alive but now dead Stillborn

FATHER FULL NAME <u>Erick Olson</u>	MOTHER FULL MAIDEN NAME <u>Martha Johnson</u>
--	--

Residence (Usual place of abode) <u>Orpington, Idaho</u>	Residence (Usual place of abode) <u>Orpington, Idaho</u>
--	--

If non-resident, give place and State	If non-resident, give place and State
---------------------------------------	---------------------------------------

Color or race <u>White</u>	Age at last Birthday <u>40</u>	Color or race <u>White</u>	Age at last Birthday <u>27</u>
	(Years)		(Years)

Birthplace <u>Forsemark, Sweden</u>	Birthplace <u>Ganstad, Norway</u>
(City and State or County)	(City and State or County)

Occupation <u>Farmer</u>	Occupation <u>Wife</u>
--------------------------	------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at Orpington M.
on the date above stated.

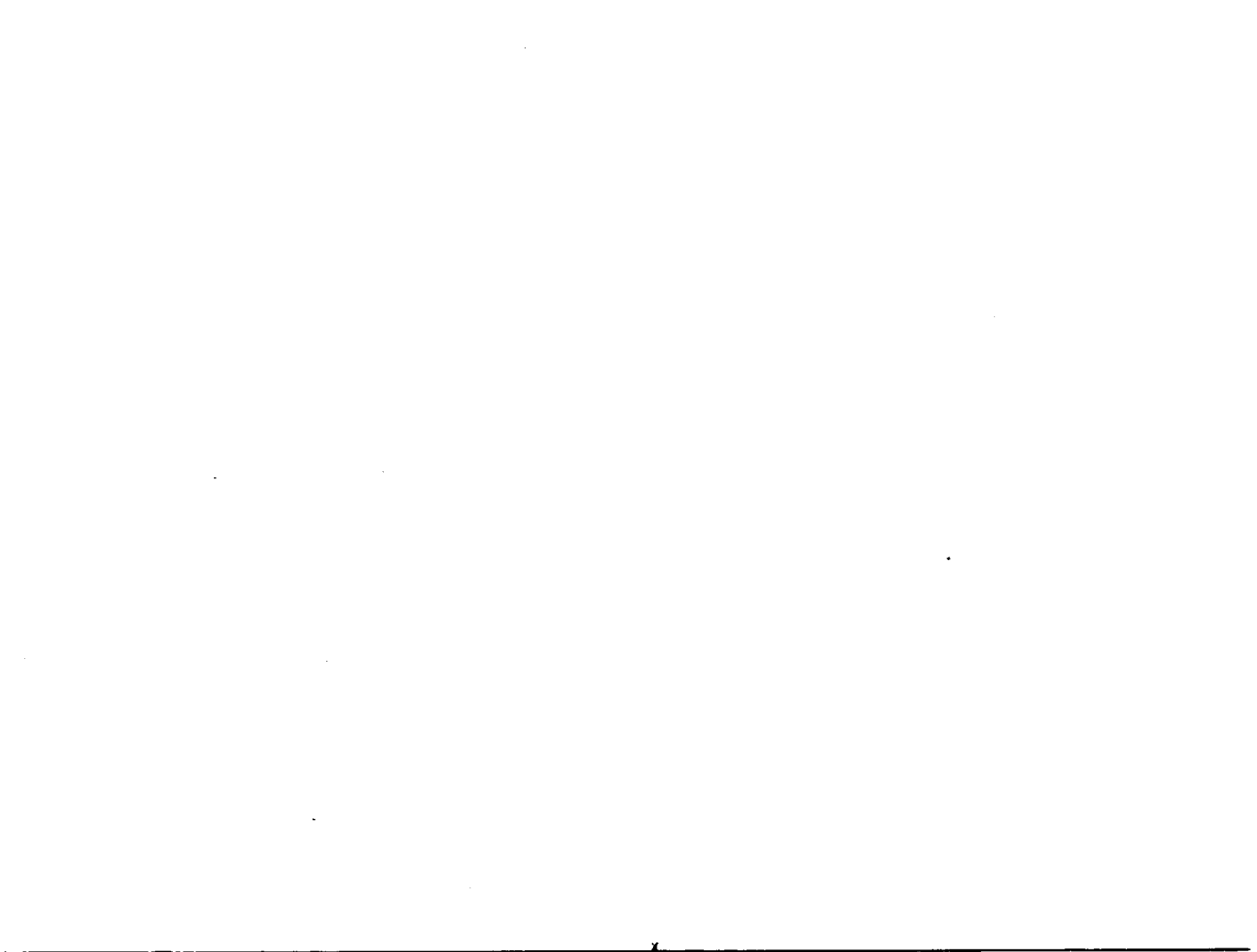
(Signature) Erick Olson

(Physician or midwife)

Address Orpington, IdahoFiled Sept. 9 1930 Bessie H. Lepper

State Registrar

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

752-122-00-281
PLACE OF BIRTH

County of Ada

City of Boise - Ida

No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

187684
187684

Registration District No. _____ State File No. _____

(IF BORN IN HOSPITAL OR INSTITUTION
GIVE NAME.)

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Robert Byron Gess

(IF STILLBORN SUBSTITUTE THE WORD "STILLBORN" FOR NAME OF CHILD)

Sex of Child <u>male</u>	Twin Triplet <u>3</u> or other?	and { Number in order of birth <u>1</u>	Legiti- mate? <u>yes</u>	Date of birth <u>July 22 1895</u>
(TO BE ANSWERED ONLY IN EVENT OF PLURAL BIRTHS)			(MONTH)	(DAY) (YEAR)

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 3 (a) Born alive and now living 1

Born alive but now dead 2 Stillborn none

FATHER
FULL NAME George William Gess

Residence (Usual place of abode) Boiiland Ore

If non-resident, give place and State near Clack.

Color or race White Age at last Birthday 65

Birthplace State of Illinois in 1864

(CITY AND STATE OR COUNTY)

Occupation blind in 1929

MOTHER Stavro
FULL MAIDEN NAME Ella Rosetta (Gess)

Residence (Usual place of abode) Hamath Falls Ore

If non-resident, give place and State —

Color or race White Age at last Birthday 64

Birthplace American City Kans

(CITY AND STATE OR COUNTY)

Occupation house wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at about 8 A.M. M.

(Signature) X R. B. Collette

(PHYSICIAN OR MIDWIFE)

Address X R. B. Collette Wash

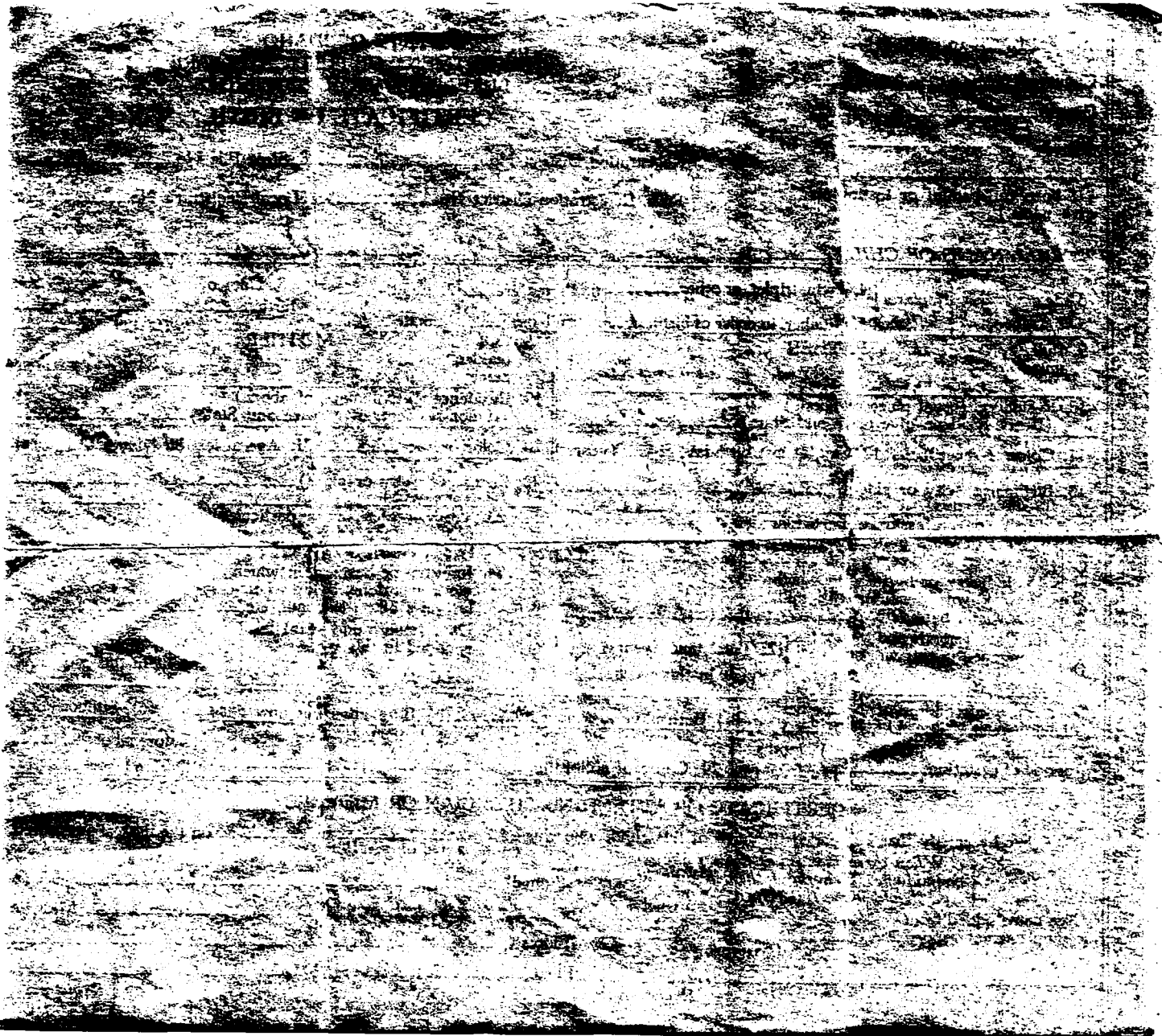
Filed 1931 Jan 24

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

191755

Registrar:



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth, stated.

RECEIVED MAR 25 1932
PLACE OF BIRTH
County of Fremont
City of Lake
No. 168-130022-319 St. _____
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 200172

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____
(If born in hospital or institution give name.)
FULL NAME OF CHILD John William Johnson
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of birth <u>March 30th 1895</u> (Month) <u>Day</u> (Year)
--------------------------	---	--------------------------------------	------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? _____
Number of child of this mother, including present birth 2 (a) Born alive and now living yes
Born alive but now dead _____ Stillborn _____

FATHER FULL NAME <u>Eust Johnson</u> Residence (Usual place of abode) <u>Lake Idaho</u> If non-resident, give place and State _____ Color or race <u>White</u> Age at last Birthday <u>32</u> (Years) Birthplace <u>Sweden</u> (City and State or County) Occupation <u>Farmer</u>	MOTHER FULL MAIDEN NAME <u>Hulda Carlson</u> Residence (Usual place of abode) <u>Lake Idaho</u> If non-resident, give place and State _____ Color or race <u>White</u> Age at last Birthday <u>22</u> (Years) Birthplace <u>Sweden</u> (City and State or County) Occupation <u>Housewife</u>
---	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at _____ M.
(Signature) Eust Johnson
Father
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address CHATHAM WASH
Filed March 1932 Registrar.

APR 15 1965

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

655-120228 434

RECEIVED JUL 16 1932
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 203003

1. PLACE OF BIRTH
County of Kootenai
City of Rathdrum
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Dorothea Katherine Henry

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>July 7, 1895</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth _____	Full term _____		

9. Full name FATHER Frank Henry

18. Full maiden name MOTHER Sarah Mc Millan

10. Residence (usual place of abode) Rathdrum, Idaho
(If non-resident, give place and State)

19. Residence (usual place of abode) Rathdrum, Idaho
(If non-resident, give place and State)

11. Color or race wh 12. Age at last birthday 31 (years)

20. Color or race wh 21. Age at last birthday 31 (years)

13. Birthplace (city or place) Ottensberg, Germany
(State or country)

22. Birthplace (city or place) Argyle, S. Carolina
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician & Surgeon

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 19____

25. Date (month and year) last engaged in this work continuously, 19____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months or weeks _____ 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Frank Henry, M. D.

or Rathdrum, Idaho Midwife

Address _____

Filed July 16, 1933 Registrar.

Give name added from a supplemental report _____

(DATE OF)

Registrar.

Registrar.

CHUCKLEBERRY
FALLS, N.Y. 12524
FALLS, N.Y. 12524
FALLS, N.Y. 12524

DELAYED

253-121 614 664
1. PLACE OF BIRTH
County of G Canyon
City of Emmett
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 210411

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Henry Clyde Kelly

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth July 21 1895 (MONTH, DAY, YEAR)

9. Full name FATHER Milton Estance Kelly 18. Full maiden name MOTHER Laura Francis Womack
10. Residence (usual place of abode) (If non-resident, give place and State) Emmett, Ida 19. Residence (usual place of abode) (If non-resident, give place and state) Emmett, Ida

11. Color or race White 20. Color or race White 21. Age at last birthday 25 (years) 22. Age at last birthday 21 (years)

13. Birthplace (city or place) (State or country) Emmett, Ida 22. Birthplace (city or place) (State or country) Emmett, Ida

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Woodman</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____		25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, 2 months period of gestation { 29. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 4 P. m. on the date above stated.
(BORN ALIVE OR STILLBORN)
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)
(Signed) Laura Francis Kelly, M. D.
or Mother, Midwife
Give name added from a supplemental report _____
Address Cascade, Idaho
(DATE OF) _____
Filed May, 1950
Registrar. Registrar.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED MAY 3 1934

221424

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
221424
CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Oneida
City of Pleasant View
No. 336-108 St. 036-613
(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Mary Thomas

3. Sex _____ If plural births _____

4. Twin, triplet, or other _____

5. Number, in order of birth _____

6. Premature _____ Full term ☒

7. Legitimate? ☒

8. Date of birth Jun 8 1895
(Month, Day, Year)

FATHER

9. Full name Charles R. Thomas

10. Residence (usual place of abode) (If non-resident, give place and State) _____

11. Color or race White

12. Age at last birthday 43 (years)

13. Birthplace (city or place) (State or country) South Wales

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____

17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Emeline E. Waldron

19. Residence (usual place of abode) (If non-resident, give place and State) Malad, Idaho

20. Color or race White

21. Age at last birthday 29 (years)

22. Birthplace (city or place) (State or country) Malad, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) Twelve
(a) Born alive and now living 10 (b) Born alive but now dead 3 (c) Stillborn _____

29. If stillborn, _____ months _____ or weeks _____
period of gestation _____

30. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)
(Signed) Emeline E. Waldron Thomas, M. D.
or _____, Midwife
Give name added from a supplemental report _____
(Date of) _____
Address _____
Filed 5-23, 1934
Registrar. Registrar.

E. Melvin E. Waldron Thomas, mother
Mrs W P Campbell (witness) Malad, Idaho. P. F. D. #1.

Mrs. Marie Morse, midwife. (now deceased)

Mrs Mary J. Jones (witnesses) } Malad, Idaho.
Mrs Alma Wright } P. F. D.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

689-127-003 249

224714

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. _____ St. _____

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD William E. Whittington, Jr.

3. Sex Male If plural births { 4. Twin, triplet, or other Edward 5. Number, in order of birth 1 6. Premature _____ Full term _____ 7. Legitimate Yes 8. Date of birth April 27, 1895 (Month, Day, Year)

9. Full name FATHER William Edward Whittington

18. Full maiden name MOTHER Mary Burns

10. Residence (usual place of abode) Pocatello, Ida. (If non-resident, give place and State) Idaho

19. Residence (usual place of abode) Pocatello, Ida. (If non-resident, give place and State) Idaho

11. Color or race White 12. Age at last birthday 61 (years)

20. Color or race White 21. Age at last birthday 37 (years)

13. Birthplace (city or place) Baltimore (State or country) Maryland

22. Birthplace (city or place) Kansas (State or country) Kansas

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc _____

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work to date 17. Total time (years) spent in this work 35 1/2

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) _____
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation { months _____ or weeks _____ 30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) William E. Whittington, M.D.
or Father _____ Midwife _____

Give name added from a supplemental report. _____ (Date of) _____

Address Box 534 Pocatello, Calif.
Filed 10-8-34, 193 _____

Registrar.

Registrar.

(Over)

I know of no one now living who
had knowledge of this birth. The Physician
was Dr Rooker, long since dead. the nurse
also dead.

Wm A Whittum
Forther

1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Honore Devers

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth Jan. 30, 1895
5. Number, in order of birth _____ Full term X (Month, Day, Year)

9. Full name FATHER
Michael J. Devers

10. Residence (usual place of abode) Caldwell
(If non-resident, give place and State) Idaho

11. Color or race W. 12. Age at last birthday 31 (years)

13. Birthplace (city or place) Scranton, Pa.
(State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____, 19 _____

18. Full maiden name MOTHER
Mae Kelleher

19. Residence (usual place of abode) Caldwell
(If non-resident, give place and State) Idaho

20. Color or race W. 21. Age at last birthday 31 (years)

22. Birthplace (city or place) Illinois
(State or country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work _____, 19 _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks 30. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

born alive

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. B. Wright, M. D.

or _____, Midwife

Give name added from a supplemental report _____

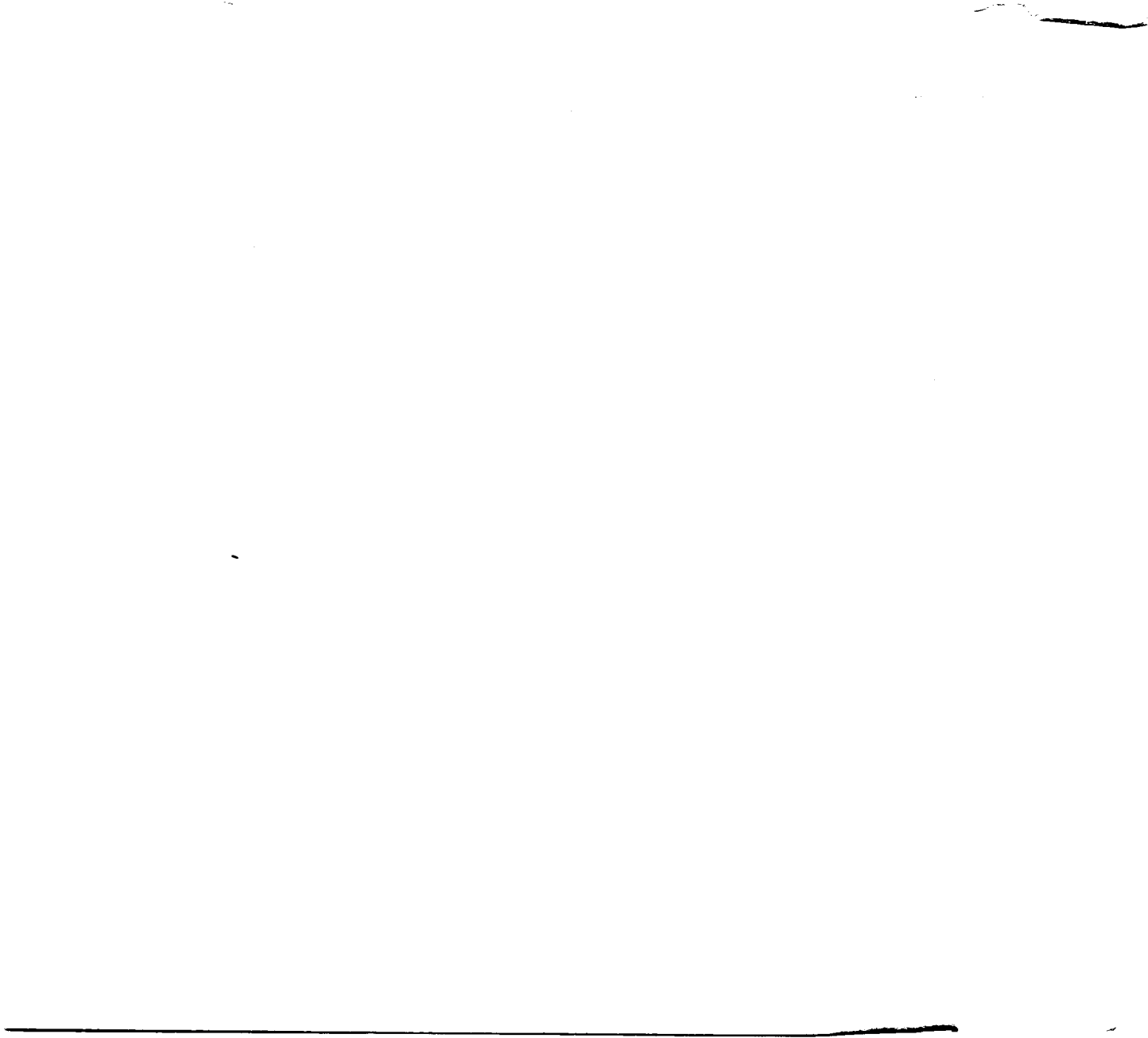
Address _____

Filed 4-4, 1935

(Date of)

Registrar.

Registrar.



157 216 001-313

231033

1. PLACE OF BIRTH
 County of Ada
 City of Boise
 No. _____ St. _____

(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Lulu Margaret Angel

3. Sex girl If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? X 8. Date of birth April 16, 1895
 (Month, Day, Year)

9. Full name FATHER Clinton Irving Angel

18. Full maiden name MOTHER Lulu Maud Jatro

10. Residence (usual place of abode) (If non-resident, give place and State) _____

19. Residence (usual place of abode) (If non-resident, give place and State) _____

11. Color or race white 12. Age at last birthday 26 (years)

20. Color or race white 21. Age at last birthday 19 (years)

13. Birthplace (city or place) Boise (State or country) Idaho

22. Birthplace (city or place) Boise (State or country) Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____

25. Date (month and year) last engaged in this work _____

17. Total time (years) spent in this work _____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 3
 (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks 30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) See other side for signature, M. D.

Give name added from a supplemental report _____

or _____, Midwife

(Date of)

Address _____

Filed _____, 193 _____

Registrar.

Registrar.

Tacoma, Washington.
April 24, 1935.

I hereby certify that the information given
in the following certificate on the reverse side hereof
is true and correct.

Lulu Margaret Angel.

Mrs Carl E. Gaudinard

Formerly Lulu Margaret Angel.

Subscribed and sworn to before me this 24th
day of April 1935.

Edwin A. Brown

Notary Public in and for the
State of Washington, residing
at Tacoma.

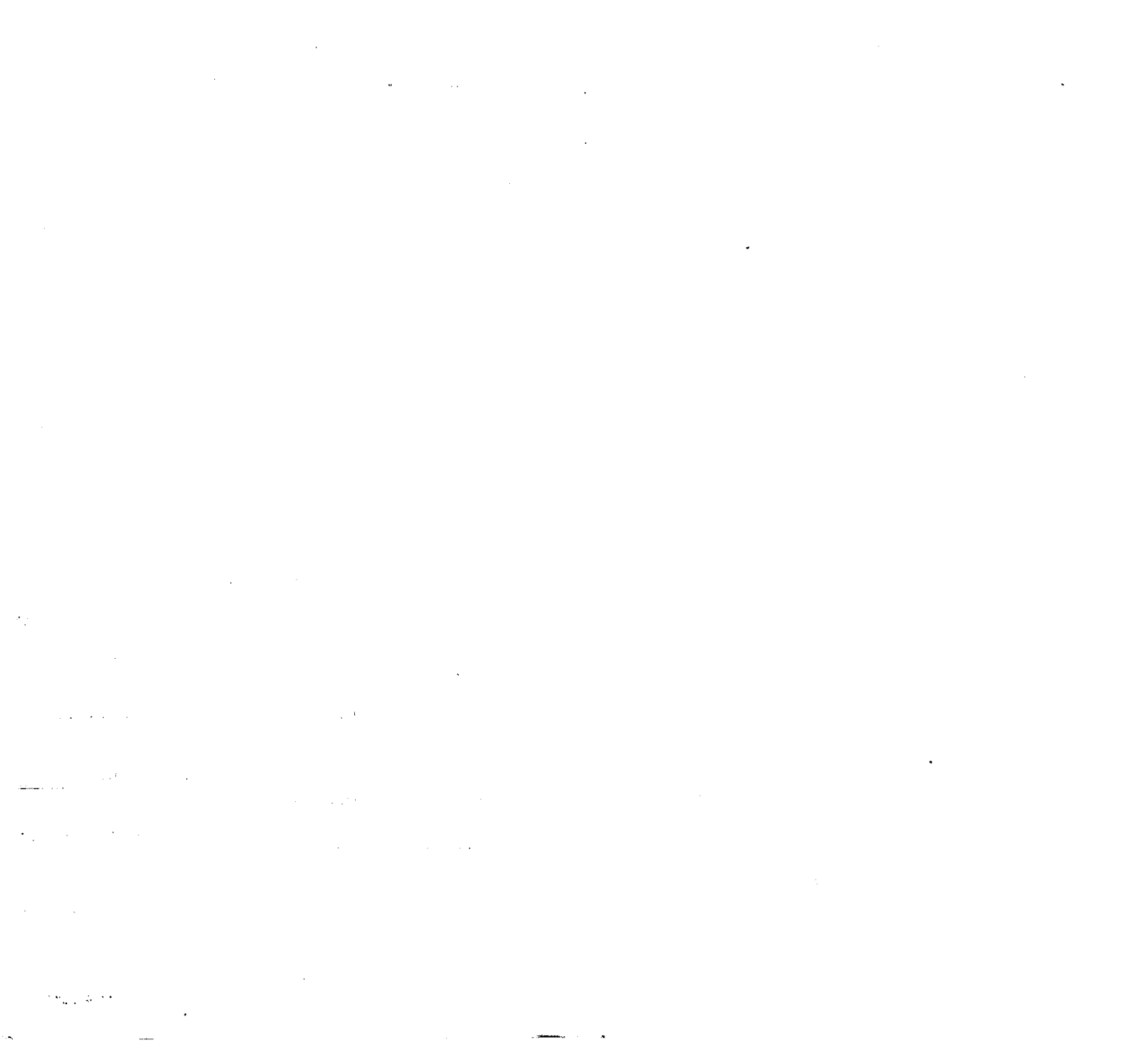
Comm. Expires Sept. 21, 1935.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each child stated.

413-207-440-863
1. PLACE OF BIRTH **Chopho** SEP 9 1935 RECEIVED
County of **Wallace**
City of **Wallace**
No. **1st St.** St.
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 235632
Registration District No. **70** State File No. _____
(If born in hospital or institution give name.)
Palm Registration District No. **1011** Local Registrar's No. **16**
2. FULL NAME OF CHILD **Rose Marie Mallon**
3. Sex **Female** If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate _____ 8. Date of birth **Oct 5 1895**
5. Number, in order of birth **1** Full term _____ mate _____ (Month, Day, Year)
9. Full name **Carl Mallon** FATHER 18. Full maiden name **Margaret Holst.** MOTHER
10. Residence (usual place of abode) **Wallace Ida** 19. Residence (usual place of abode) **Wallace Ida**
(If non-resident, give place and State) (If non-resident, give place and State)
11. Color or race **W** 12. Age at last birthday **48** (years) 20. Color or race **W** 21. Age at last birthday **48** (years)
13. Birthplace (city or place) **Germany** 22. Birthplace (city or place) **Germany**
(State or country) (State or country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Brewer** OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. **Housewife**
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. **Brewery** 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) **Nov 1895** 25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work **29 yrs** 26. Total time (years) spent _____, 19____ in this work _____
27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living **4** (b) Born alive but now dead **1** (c) Stillborn _____
29. If stillborn, period of gestation _____ months or weeks 30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at **3 A** m. on the date above stated.
(Born Alive or Dead)
(Signed) **Dr. Harrington** M. D.
or _____, Midwife
Address **Wallace Ida**
Filed **Aug 20 1935** **John Bower** Registrar.
Give name added from a supplemental report. _____
(Date of) _____
Registrar.



231-210001-368

237571

1. PLACE OF BIRTH
County of Ada
City of Boise
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

237571

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Marian Esther Stark

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>1895</u> <u>Mar. 10, 1895</u> (Month, Day, Year)
-------------------------	--	---------------------------------------	--------------------------------	--

9. Full name <u>William Stark</u>		18. Full maiden name <u>Mattie Cohn</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Boise, Ida.</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Boise, Ida.</u>	
11. Color or race <u>W</u> 12. Age at last birthday <u>28</u> (years)		20. Color or race <u>W</u> 21. Age at last birthday <u>25</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Germany</u>		22. Birthplace (city or place) (State or Country) <u>Boise, Idaho</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work _____, 19____		25. Date (month and year) last engaged in this work _____, 19____	
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Born Alive or Stillborn)
(Signed) Mattie C. Stark (MOTHER) M. D.

or _____ Midwife

Address 1111 Flays - Boise - Idaho

Filed 12-13, 1935

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child—i.e., birth & Separate Return must be made for each, and the number of each, in order of birth stated.

231231022-313
1. PLACE OF BIRTH
County of Fremont
City of Menan
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

237575

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Mabel Stanger

3. Sex F. If plural { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
births { 5. Number, in order of birth _____ Full term _____ mate? _____
8. Date of birth Oct 31, 1935
(Month, Day, Year)

9. Full name Hyrum Thompson Stanger
FATHER

18. Full maiden name Elizabeth Calvert
MOTHER

10. Residence (usual place of abode)
(If non-resident, give place and State) Neeley Ida.

19. Residence (usual place of abode)
(If non-resident, give place and State) Neeley

11. Color or race White 12. Age at last birthday 25 (years)

20. Color or race White 21. Age at last birthday 18 (years)

13. Birthplace (city or place) Statersville
(State or Country) Utah

22. Birthplace (city or place) Ogden City
(State or Country) Utah

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmex

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
One (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____
30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 1 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Don Baugh, M. D.

or Harold Potter, Midwife

Address Mabel Stanger Hobbs

Filed 12/16/35, 193 _____

Registrar.

DEC 10 1970

STATE OF IDAHO)
) ss.
County of Ada)

Before me John P. Mix, a Notary Public in
and for the State of Idaho personally appeared
Mabel Stanger Nokes, who acknowledged to me that the
date of her birth was October 31st, 1895.

Mabel Stanger Nokes

Subscribed and sworn to before me this 16th
day of December, A. D. 1935.

John P. Mix.
John P. Mix
Notary Public for Idaho,
Residing at Boise, Idaho

1. 365-2 02.032-719
 PLACE OF BIRTH
 County of Latah
 City of Blackfoot P. O.
 No. State of Idaho ~~St~~

JAN 30 1936

RECEIVED

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

239858

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Sadec Adeline Condit

3. Sex _____ If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Legiti- mate? X 8. Date of birth Dec 2, 1895 (Month, Day, Year)

9. Full name John Henry Condit FATHER
 10. Residence (usual place of abode) (If non-resident, give place and State) Hagerman, Idaho
 11. Color or race white 12. Age at last birthday 49 (years)
 13. Birthplace (city or place) (State or Country) Des Moines, Iowa

18. Full maiden name E. E. Parkes MOTHER
 19. Residence (usual place of abode) (If non-resident, give place and State) Hagerman, Idaho
 20. Color or race white 21. Age at last birthday _____ (years)
 22. Birthplace (city or place) (State or Country) Wendota, Wisconsin

OCCUPATION
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer
 16. Date (month and year) last engaged in this work Nov 1895
 17. Total time (years) spent in this work _____

OCCUPATION
 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
 25. Date (month and year) last engaged in this work Nov engaged 1895
 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) 8
 (a) Born alive and now living 8 (b) Born alive but now dead X (c) Stillborn none

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 4 P. m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Signed) Mrs. Jennie M. Condit, M. D.

or _____, Midwife

Address Bliss Idaho

Filed Jan, 1936

Registrar.

Registrar.

JUL 23 1943

DEC 8 1970

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

286-1241025-697
1. PLACE OF BIRTH
County of Idaho
City of Cottonwood
No. _____ St. _____

MAR 4 1936

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

240112

Registration District No. _____ State File No. _____

(If born in hospital or institution give name) _____
Prim Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD John Raymond Short

3. Sex male If plural births { 4. Twin, triple, or other _____ 6. Premature _____ 7. Legitimate? _____ 8. Date of birth Sept. 24th 1895
(Month, Day, Year)

9. Full name Ephraim Lee Short FATHER

18. Full maiden name Hora Williams MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State) Cottonwood, Idaho

19. Residence (usual place of abode) (If non-resident, give place and State) Cottonwood, Idaho

11. Color or race white 12. Age at last birthday 39 (years)

20. Color or race white 21. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or Country) Petaluma, Calif.

22. Birthplace (city or place) (State or Country) Camfield, Ohio

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother _____ (At time of this birth and including this child)

(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, whose above is correct to the best of my knowledge on the date above stated.

(Born Alive or Stillborn)

(Signed)

J. R. Short, M.D. Declared before me at Pocatello, Idaho _____

This 24th day of February, 1936

3/4/36, 193____ E. J. Taylor, Justice of the Peace _____

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

WRITE PLAINLY IN UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

753-115-011-632 140119

1. PLACE OF BIRTH
County of Boundary (Kootenai)
City of Moravia
No. Idaho St. Idaho
(If born in hospital or institution give name.)
Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Edwin Earl Peterson

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth <u>7</u>	6. Premature <input checked="" type="checkbox"/> Full term <input checked="" type="checkbox"/>	7. Legitimate? <input checked="" type="checkbox"/>	8. Date of birth <u>Oct 15, 1895</u> (Month, Day, Year)
--------------------	------------------	----------------------------	---------------------------------------	--	--	--

9. Full name <u>B. Nels Peterson</u> FATHER	18. Full maiden name <u>Anna Olson</u> MOTHER
--	--

10. Residence (usual place of abode) <u>Moravia</u> (If non-resident, give place and State) <u>Idaho</u>	19. Residence (usual place of abode) <u>Moravia</u> (If non-resident, give place and State) <u>Idaho</u>
---	---

11. Color or race <u>White</u>	12. Age at last birthday <u>44</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>24</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) <u>Gavunda</u> (State or country) <u>Sweden</u>	22. Birthplace (city or place) <u>Gavunda</u> (State or country) <u>Sweden</u>
---	---

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>logger</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
--	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>farmer</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
--	--

16. Date (month and year) last engaged in this work _____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____	26. Total time (years) spent in this work _____
---	---	---	---

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living. 6 (b) Born alive but now dead. 1 (c) Stillborn. _____
29. If stillborn, period of gestation _____ months or weeks _____
30. Cause of stillbirth _____ Before labor. _____ During labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Anna Peterson mother

or _____ Midwife

Give name added from a supplemental report.

(Date of)

Address Moravia Idaho

Filed 3/11/36, 193

Registrar.

Registrar.

Mrs. Charles Nelson
Moravia Idaho
Boundary County.

Mrs. Mary Peterson
Moravia Idaho.
Boundary County.

Mrs. J. P. Dunn
Bonners Ferry Idaho

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of order of birth stated.

653-121.028-493 APR 8 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

241508

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. Idaho St.
on Farm

Registration District No. 30 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 1050 Local Registrar's No. 38

2. FULL NAME OF CHILD William Hyde Wells

3. Sex male If plural births { 4. Twin, triplet, or other 1 5. Number, in order of birth _____ 6. Premature no 7. Legitimate yes 8. Date of birth Jan. 21, 1895 (Month, Day, Year)

9. Full name FATHER John Jacob Wells

18. Full maiden name MOTHER Iva Lenora Miles

10. Residence (usual place of abode) Coeur d'Alene (If non-resident, give place and State) Idaho

19. Residence (usual place of abode) Coeur d'Alene (If non-resident, give place and State) Idaho

11. Color or race white 12. Age at last birthday 40 (years)

20. Color or race white 21. Age at last birthday 27 (years)

13. Birthplace (city or place) _____ (State or country) _____

22. Birthplace (city or place) Switzerland and Co (State or country) Indiana

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc housewife

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid

28. Number of children of this mother (At time of this birth and including this child) Five (a) Born alive and now living 5 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks _____ 30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) Father, M.D.

Give name added from a supplemental report _____ Address _____

(Date of) _____ Filed may, 1936 Registrar. John Jacob Wells Registrar. John Jacob Wells



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

315 215 006 993
20 1894

1. PLACE OF BIRTH
County of Bingham
City of Shelley
No. Idaho St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD
Edna Hancock

3. Sex Female 4. Twin, triplet, or other..... 5. Number, in order of birth..... 6. Premature..... 7. Legitimate? yes 8. Date of birth Dec 15 1890
(Month, Day, Year)

9. Full name Edward Joseph Hancock FATHER 18. Full maiden name Elizabeth Augusta Rice MOTHER
10. Residence (usual place of abode) Ogden Utah 19. Residence (usual place of abode) Placent, Nev. Utah
(If non-resident, give place and State) 20. Color or race White 21. Age at last birthday 26 (years)
11. Color or race White 12. Age at last birthday 24 (years)
13. Birthplace (city or place) Ogden Utah 22. Birthplace (city or place) Placent, Nev. Utah
(State or country) Jemeter (State or country) Utah

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.....
16. Date (month and year) last engaged in this work Dec 15 1890 17. Total time (years) spent in this work 10 yrs
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....
25. Date (month and year) last engaged in this work..... 26. Total time (years) spent in this work.....

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... months or weeks 30. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... at..... m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) See other side for signatures, M. D.

or....., Midwife

Give name added from a supplemental report.....

(Date of)

Address.....

Filed 4/29/36, 193.....

Registrar.

Registrar.

Y' Mr Edward Joseph Wardlaw Father
Mrs. Elizabeth A. Hancock Mother
Witnesses Mrs Louisa L. Hubert

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

419-220-002-819
1. PLACE OF BIRTH
County of Adams CT 3
City of Indian Valley
No. _____ St. Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

246627
246627

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Bessie Glenn Marksbury

Female
3. Sex _____ If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes
5. Number, in order of birth _____ Full term? yes 8. Date of birth 5-20-1895 193
(Month, Day, Year)

9. Full name FATHER William Marksbury
18. Full name MOTHER Susan Harper
maiden name

10. Residence (usual place of abode) Indian Valley
(If non-resident, give place and State) Indian Valley
19. Residence (usual place of abode) Indian Valley
(If non-resident, give place and State) Indian Valley

11. Color or race non-Indian 12. Age at last birthday 53 (years)
20. Color or race White 21. Age at last birthday 27 (years)

13. Birthplace (city or place) Missouri
(State or country) Missouri
22. Birthplace (city or place) Clay County
(State or country) Missouri

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trader
OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Independent
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work 17. Total time (years) spent last engaged in this work 33
19. _____ in this work _____
25. Date (month and year) last engaged in this work 26. Total time (years) spent last engaged in this work _____
19. _____ in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living One (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks 30. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) (see other side) _____, M.D.
or _____, Midwife

Give name added from a supplemental report _____
(Date of) _____ Address _____

Filed Oct 5, 1936 _____
Registrar. Registrar.

David Harper - Forest Grove, Ore. Route 1 - Uncle
Mrs. Albert Mc Dowell, Alpine, Idaho half-sister
Mrs. Jeff Bailey, Alpine, Idaho " sister

MAY 16 1955

Father deceased, mother deceased, grandmother who attended birth, deceased.

I swear this to be a true statement of the facts of my birth.

Bessie Marksberg Spear

Signed

Bessie marksberg Spear

204 W 78St. New York City

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of child stated.

296-109 029 867

1. PLACE OF BIRTH
County of Latoh
City of Ann Idaho
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

247319

(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Salcote Merrill Brown

3. Sex male 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth June 9 1936 (Month, Day, Year)

9. Full name FATHER Salcote Merrill Brown

10. Residence (usual place of abode) Ann Idaho (If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 41 (years)

13. Birthplace (city or place) Newport (State or country) Idaho Island

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Carpenter

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living X (b) Born alive but now dead 0 (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks 30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) Lane E. Stickney, Sister, M. D.

Give name added from a supplemental report _____ Subscribed & sworn to before me this 30th day of September, 1936.

(Date of) _____ Notary Public for Idaho, Residing at Caldwell, Idaho. Registrar.

Filed Oct 2 1936

OCT 11 1960



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

465-220-232-455
1. PLACE OF BIRTH
County of Lincoln
City of Hagerman Ida.
No. St.

(If born in hospital or institution give name.)

Registration District No. State File No.
Prim. Registration District No. Local Registrar's No.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **250457**

2. FULL NAME OF CHILD Charlotte Frances Condit

3. Sex Female { If plural Births } 4. Twin, triplet, or other 5. Number, in order of birth 6. Premature 7. Legitimate? 8. Date of birth Aug. 20, 1895
(Month, Day, Year)

9. Full name James Ervin Condit
FATHER Birth Dec. 5 - 1886

18. Full maiden name Jennie Melvina Dennis
MOTHER Birth June 18 - 1872

10. Residence (usual place of abode) Hagerman
(If non-resident, give place and State) Idaho

19. Residence (usual place of abode) Hagerman
(If non-resident, give place and State) Ida.

11. Color or race white 12. Age at last birthday 25 (years)

20. Color or race white 21. Age at last birthday 27 (years)

13. Birthplace (city or place) Little Sioux, Iowa
(State or country) Harrison Co.

22. Birthplace (city or place) Knosville, Iowa
(State or country) Marion Co.

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Teacher 3 yrs.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housekeeper

16. Date (month and year) last engaged in this work 17. Total time (years) spent last engaged in this work

25. Date (month and year) last engaged in this work Spring of 1892 26. Total time (years) spent last engaged in this work

18. Total time (years) spent last engaged in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) Two
(a) Born alive and now living Yes (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation months or weeks 30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 1/2 m. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) J. H. Condit Grandfather, M. D.
and Jennie M. Dennis Condit mother

Give name added from a supplemental report

Address

(Date of)

Filed 1/4/37, 193

Registrar.

Registrar.

Mr. P. R. Lancaster - Bliss Ida.

Mrs. Willa Justice - Hagerman Ida.

J. Winford. Condit - Hagerman Ida.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated

1. PLACE OF BIRTH
County of Washington
City of Meacham Council
No. 942-124-044-114 St. Idaho

RECEIVED
MAY 5 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
253530

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name)

2. FULL NAME OF CHILD Walter Kenneth Rush

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Legitimate? yes 8. Date of birth March 24, 1896 (Month, Day, Year)

9. Full name FATHER Charles Mathias Rush
10. Residence (usual place of abode) (If non-resident, give place and State) near Council
11. Color or race White 12. Age at last birthday 42 (years)

13. Birthplace (city or place) (State or Country) Kentucky

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work Mar 24, 1895 17. Total time (years) spent in this work 15

18. Full maiden name MOTHER Martha Annis Jarner
19. Residence (usual place of abode) (If non-resident, give place and State) Council Ida

20. Color or race White 21. Age at last birthday 28 (years)

22. Birthplace (city or place) (State or Country) Linn Co. Oregon

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Keeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work Mar 24, 1895 26. Total time (years) spent in this work 40

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 10 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) (Mother) Annie Rush Ryan, M.D.
or _____, Midwife

Address Lerain, Oregon
Filed May 5, 1937 Pearl Dillingham State Registrar.

Mr. Ed. Clinton

Unionport - Oregon -

- Char. Barbour -

Council - Ida -

Mr. Char. Barbour

Council - Ida -

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot
No. 317223 006-413 St.

RECEIVED
JUN 28 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 255439

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Mary Lu Capps

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Legitimate? yes 8. Date of birth Sept. 23rd 1895 (Month, Day, Year)

9. Full name Luther M. Capps FATHER

18. Full maiden name Elizabeth G. Mackie MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot, Ida

19. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot, Ida

11. Color or race White 12. Age at last birthday 41 (years)

20. Color or race W 21. Age at last birthday _____ (years)

13. Birthplace (city or place) (State or Country) Blackfoot, Idaho

22. Birthplace (city or place) (State or Country) _____

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, X lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) Three (a) Born alive and now living yes (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hosholder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) _____, M. D.

or Mrs. Croxwell, Midwife

Address Blackfoot, Idaho

Filed JUN 28 1937

Registrar.

Registrar.

Mr. D. H. Biehler.
Mrs. Frank Saline.
Mrs. J. M. Martin.
Address. Blackfoot, Ida.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A253 110 007 653

255453

1. PLACE OF BIRTH
County of Blaine
City of Stanton
No. _____ St.

JUL 6 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

255453

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Albert Burl Bellinger

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legiti- mate? yes 8. Date of birth Sep 10, 1935 (Month, Day, Year)

9. Full name FATHER Meritt Bellinger

18. Full maiden name MOTHER Hattie Ann Welch

10. Residence (usual place of abode) (If non-resident, give place and State) Stanton

19. Residence (usual place of abode) (If non-resident, give place and State) Stanton

11. Color or race white 12. Age at last birthday 30 (years)

20. Color or race white 21. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or Country) Jacksonville Oregon

22. Birthplace (city or place) (State or Country) Delphos Allen County Ohio

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

19. _____ in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) Two

(a) Born alive and now living yes (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

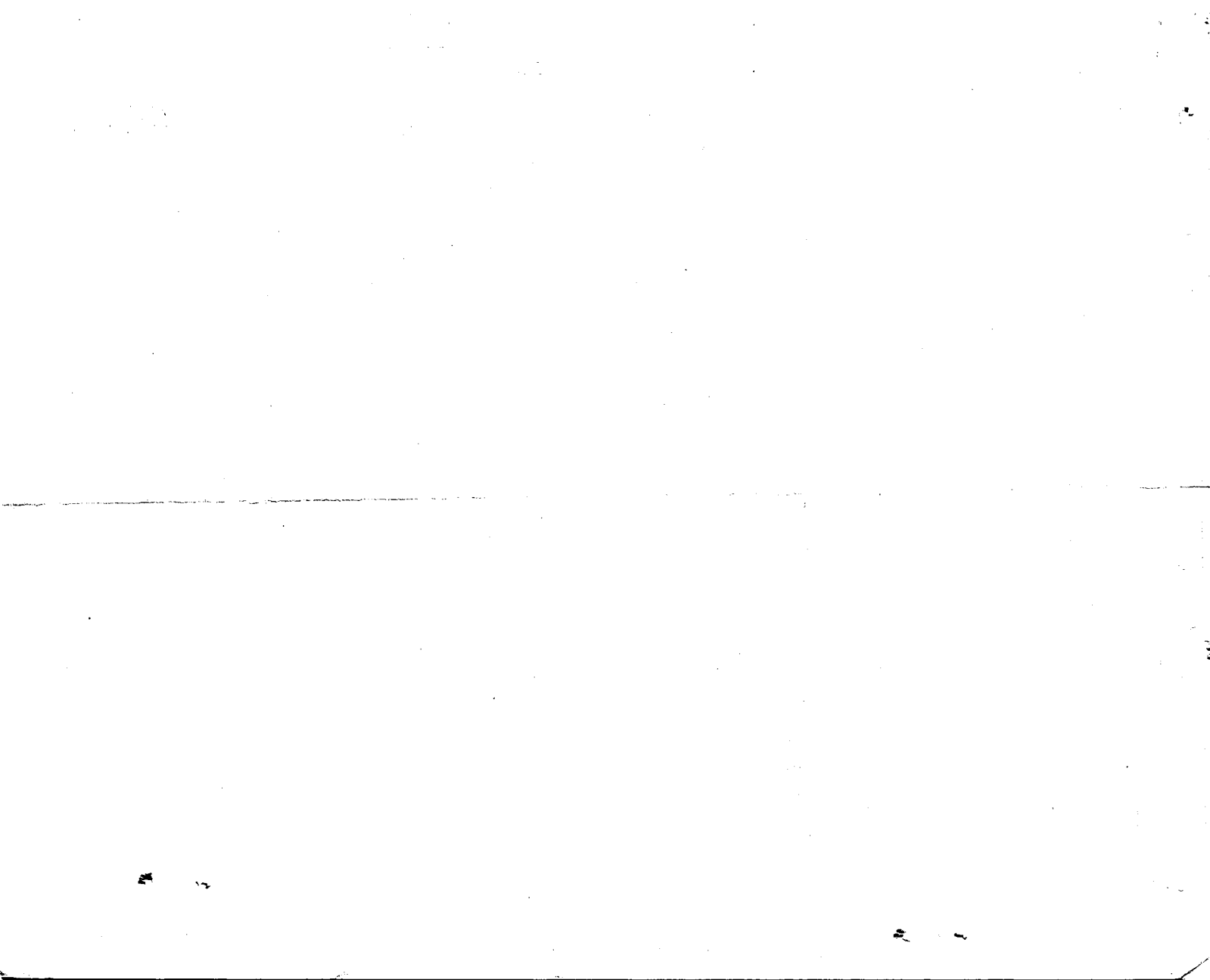
(Signed) reg on affidavit, M. D.

or _____, Midwife

Address _____

Filed 7/6/37, 1935 Pearl Dillingham

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of NEVADA }
County of WHITE PINE } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

MRS. HARRIET BELLANGER being first duly sworn says that
she is the Mother of Albert Burl Bellinger
(Relationship of child)*
born September 10th. 1895 at Stanton, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Mrs. Harriet Bellanger desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Albert Burl Bellinger

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Does not remember name, but he is now deceased M. D. was the
Mrs. Obenchain Midwife—also deceased. Midwife
medical attendant at the birth of said and that
the said medical attendant is Both deceased.

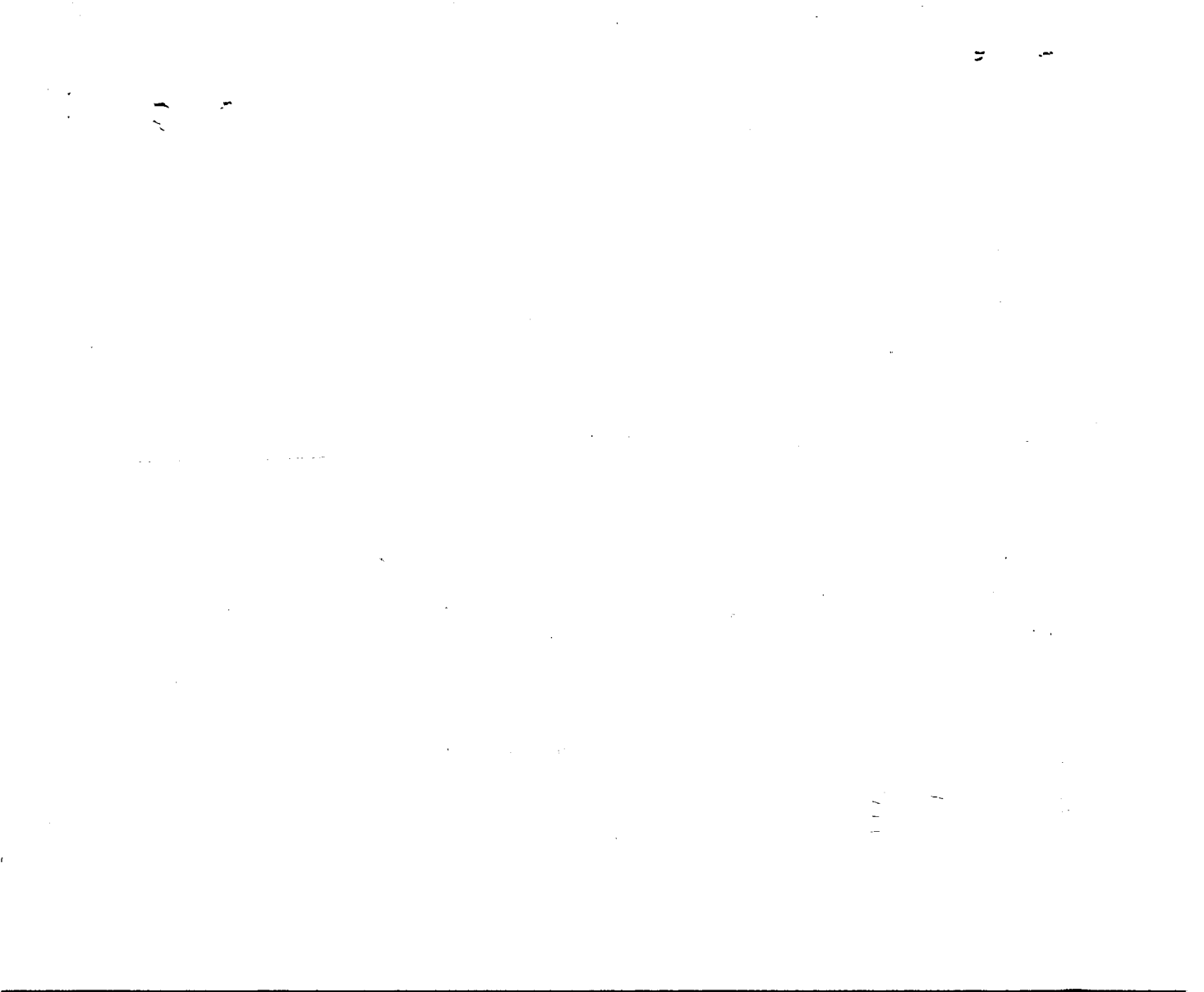
(Now deceased (or) cannot be located)

Name of Affiant Mrs. Harriet Bellinger
P. O. Address P. O. Bx. 514, Ely, Nevada

Subscribed and sworn to before me this 3 day of October, 1937

Ely Nev. Notary Public.
Residing at Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 243-15-202-249
PLACE OF BIRTH
County of Elmore
City of Atlanta
No. _____ St. _____
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

257519

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

William Cook Butler

3. Sex <u>M</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Dec. 15 1895</u> (Month, Day, Year)
--------------------	--	---------------------------------------	---------------------------	--

9. Full name FATHER
George Edmund Butler

18. Full maiden name MOTHER
Effie Clarissa Smith

10. Residence (usual place of abode)
(If non-resident, give place and State) Atlanta

19. Residence (usual place of abode)
(If non-resident, give place and State) Atlanta

11. Color or race W | 12. Age at last birthday 43 (years)

20. Color or race _____ | 21. Age at last birthday 33 (years)

13. Birthplace (city or place)
(State or Country) Illinois

22. Birthplace (city or place)
(State or Country) Nebraska

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____, 19 _____

25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work _____, 19 _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks
30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Date of)

Registrar.

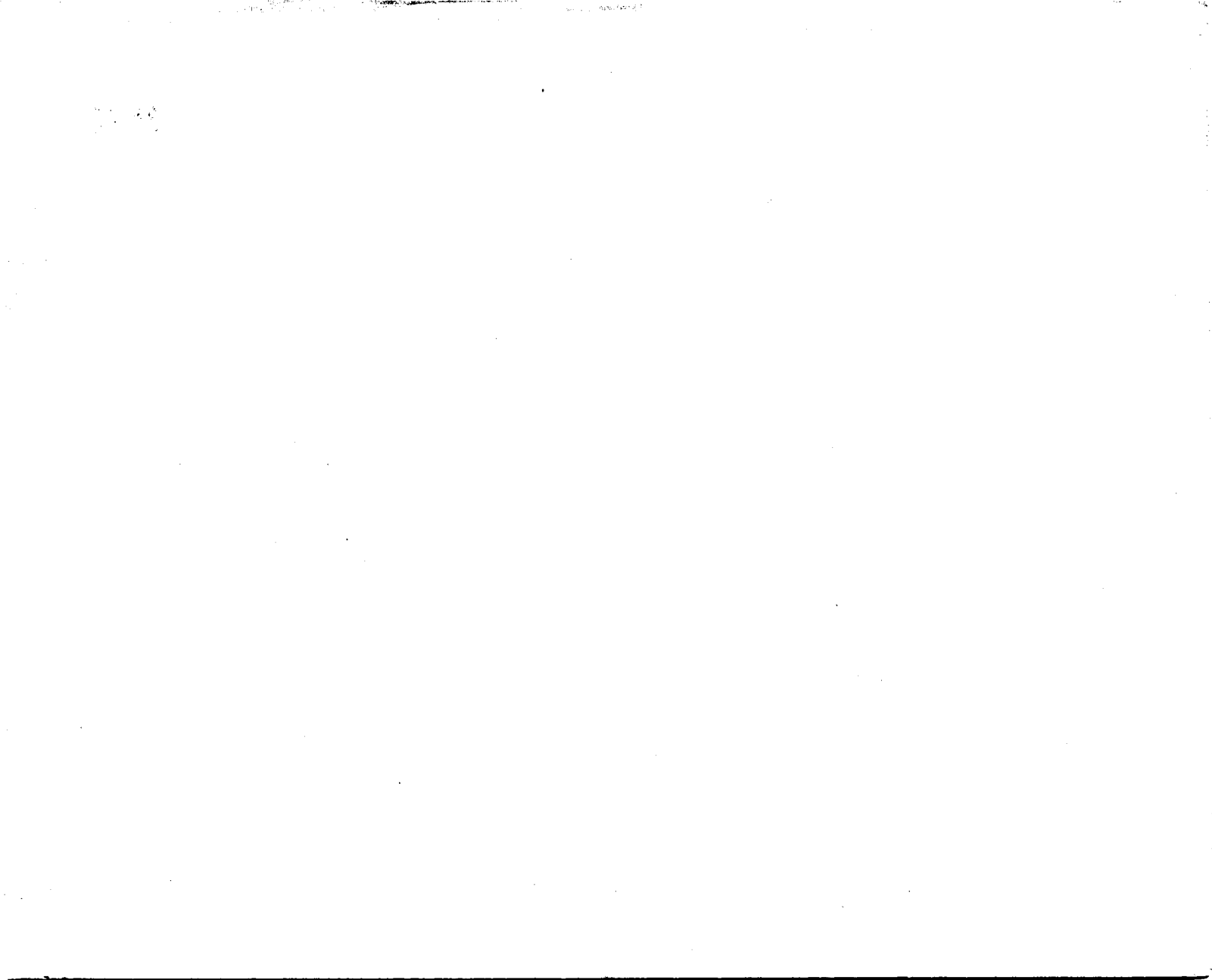
(Signed) Effie Pray, M. D.

or _____ Midwife

Address 1601 Denver St. Boise, Idaho

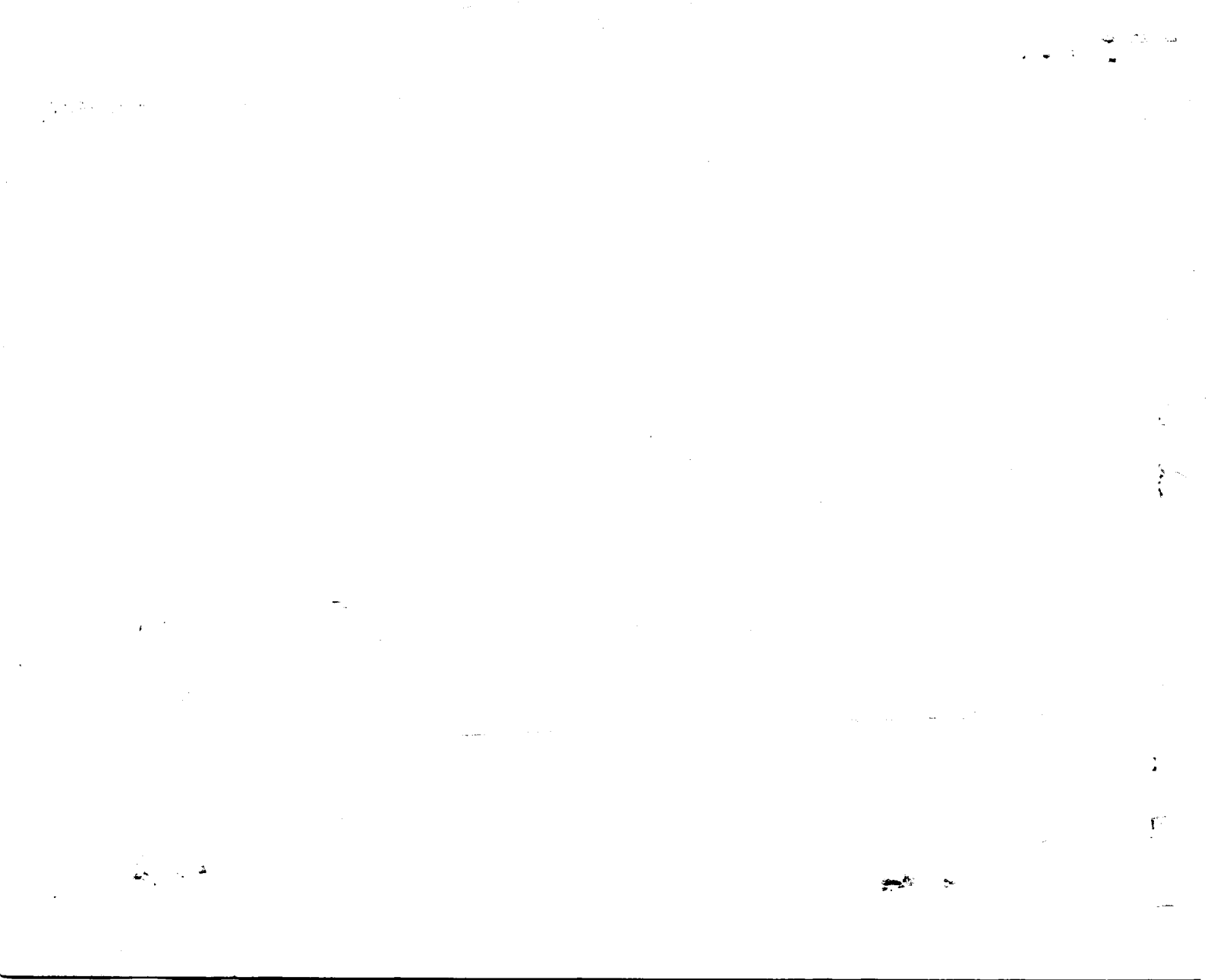
Filed 8-16-37, 193 _____

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

545720 035-154		STATE OF IDAHO		258583	
PLACE OF BIRTH		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS	
1. County of <u>Myer</u>		CERTIFICATE OF BIRTH		258583	
City of <u>Idaho</u>		Registration District No. _____		State File No. _____	
No. <u>1</u> St. _____		Registration District No. _____		Local Registrar's No. _____	
(If born in hospital or institution give name.)		Prim. Registration District No. _____		Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>John Walter Emerson</u>					
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Oct 20 1895</u> (Month, Day, Year)	
5. Number, in order of birth _____		Full term <u>Yes</u>			
9. Full name <u>William Rully Emerson</u>		18. Full maiden name <u>Mary Anderson</u>		FATHER MOTHER	
10. Residence (usual place of abode) <u>Myer, Idaho</u>		19. Residence (usual place of abode) <u>Myer, Idaho</u>		(If non-resident, give place and State)	
11. Color or race <u>W</u>		20. Color or race <u>W</u>		21. Age at last birthday <u>21</u> (years)	
12. Age at last birthday <u>25</u> (years)		22. Birthplace (city or place) <u>Idaho</u>		(State or Country)	
13. Birthplace (city or place) <u>Idaho</u>		23. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		24. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housekeeper</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		25. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>own home</u>		26. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>own home</u>		27. Date (month and year) last engaged in this work <u>Oct 20 1877</u>		28. Date (month and year) last engaged in this work <u>Oct 20 1877</u>	
16. Date (month and year) last engaged in this work <u>May 15 1877</u>		17. Total time (years) spent in this work <u>8</u>		29. Total time (years) spent in this work <u>7</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____		28. Number of children of this mother (At time of this birth and including this child) <u>2</u>		(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	
29. If stillborn, period of gestation _____		30. Cause of stillbirth _____		Before labor _____	
months or weeks _____		During labor _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at _____ m. on the date above stated.					
(Born Alive or Stillborn)					
(Signed) <u>Mary Emerson</u> <u>mother</u>					
or _____ Midwife					
Address _____					
Filed <u>Oct.</u> , 193 <u>7</u>					
Registrar. _____					



Genesee, Idaho, October 5th. 1937

State of Idaho)
County of Latah } ss

Mary Emerson, the undersigned being first duly sworn, deposes and says; that

She is the mother of John Walter Emerson, and that said John Walter Emerson, was/ born on October 20, 1895, on a farm in Nez Perce County, State of Idaho, about 8 miles Southwest from the town of Genesee, Idaho,, and about 8 miles Southeast from the town of Uniontown, Washington.

Mary Emerson

Subscribed and sworn to before me at Genesee, Idaho, this 5th. day of October, 1937.

W. D. Kerr Notary Public
Residing at Genesee, Idaho.

My Commission expires May 3, 1939.

1941, with a view to the future, the

(1) The first part of the report
(2) The second part of the report

1941, with a view to the future, the

The first part of the report

The second part of the report

The third part of the report
The fourth part of the report
The fifth part of the report
The sixth part of the report
The seventh part of the report
The eighth part of the report
The ninth part of the report
The tenth part of the report

The eleventh part of the report

The twelfth part of the report
The thirteenth part of the report
The fourteenth part of the report
The fifteenth part of the report
The sixteenth part of the report
The seventeenth part of the report
The eighteenth part of the report
The nineteenth part of the report
The twentieth part of the report

The twenty-first part of the report
The twenty-second part of the report
The twenty-third part of the report
The twenty-fourth part of the report
The twenty-fifth part of the report
The twenty-sixth part of the report
The twenty-seventh part of the report
The twenty-eighth part of the report
The twenty-ninth part of the report
The thirtieth part of the report

The thirty-first part of the report

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

60601

1. PLACE OF BIRTH
County of _____ Canyon
City of CALDWELL
No. 862-213 014-396 St. _____
(If born in hospital or institution give name.)
2. FULL NAME OF CHILD LILA MAY HOSTETTER

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

260601

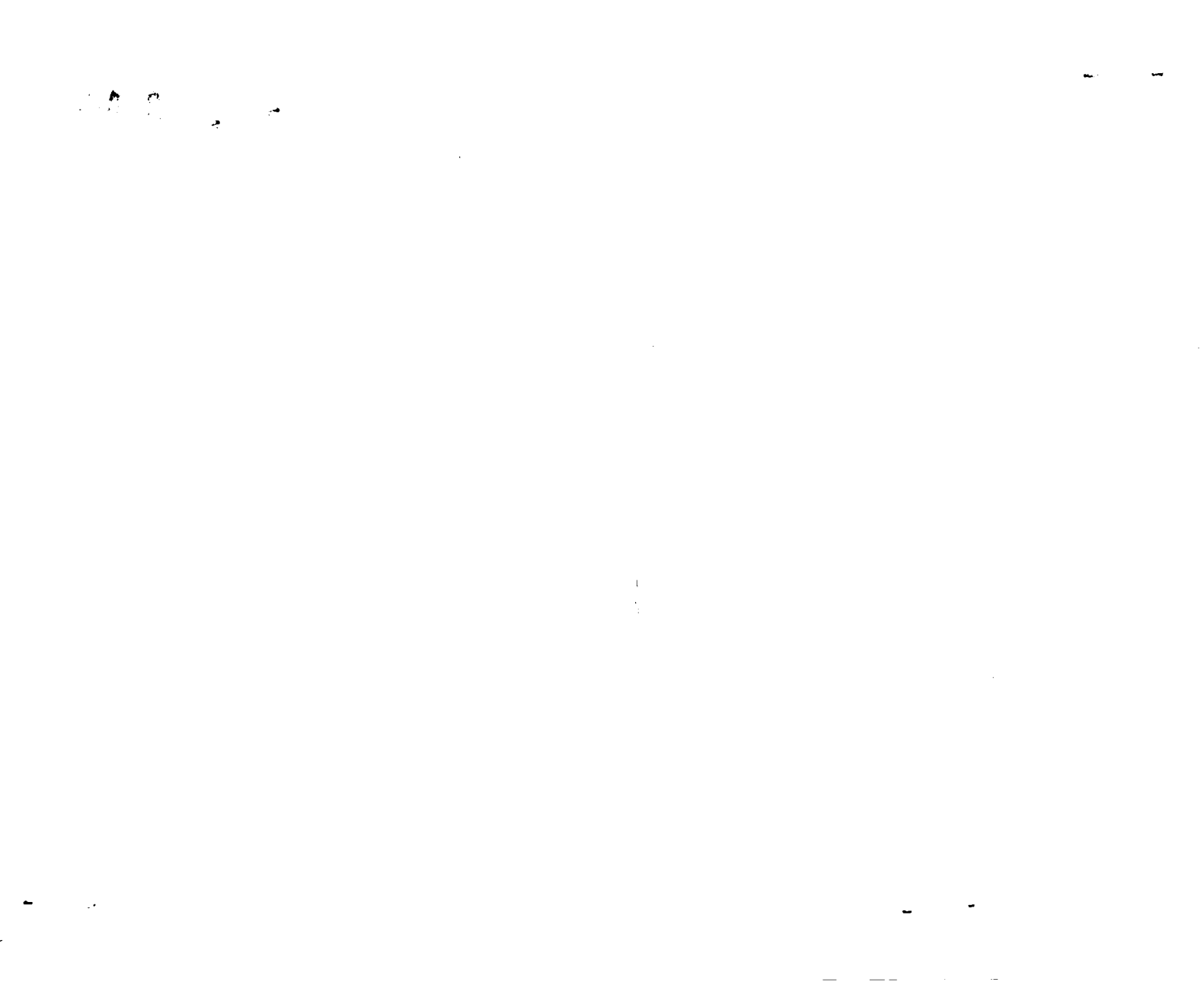
3. Sex FEMALE If plural births { 4. Twin, triplet, or other _____
5. Number, in order of birth _____
6. Premature _____ Full term YES
7. Legiti- mate? YES
8. Date of birth JUNE - 13, 1895
(Month, Day, Year)

FATHER		MOTHER	
9. Full name <u>ENOCH ANSELVIN HOSTETTER</u>	10. Residence (usual place of abode) <u>Caldwell</u> (If non-resident, give place and State) _____	18. Full maiden name <u>LILIA FLORENCE CIPON</u>	19. Residence (usual place of abode) <u>Caldwell</u> (If non-resident, give place and State) _____
11. Color or race <u>WHITE</u>	12. Age at last birthday <u>30</u> (years)	20. Color or race <u>WHITE</u>	21. Age at last birthday <u>28</u> (years)
13. Birthplace (city or place) <u>PIANITOPOL</u> (State or Country) <u>MISSOURI</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>TENNISER</u>	22. Birthplace (city or place) <u>POCHIEFORD</u> (State or Country) <u>MISSOURI</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>HOUSEWIFE</u>
OCCUPATION	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	OCCUPATION	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work <u>1895</u>		25. Date (month and year) last engaged in this work <u>1895</u>
	17. Total time (years) spent in this work <u>15 YRS</u>		26. Total time (years) spent in this work <u>12 YRS</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
TWO (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks _____
30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)
(Signed) Lelia F Hostetter M. D.
or Lelia F Hostetter mother, Midwife
Address _____
Filed NOV 22 1937, 193_____
Registrar. (doctor J.P. E. ANNEKE) Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of..... Idaho

County of.....

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lelia F. Hostetter being first duly sworn says that

Lila May is the daughter of Enoch & Lelia Hostetter
(Relationship of child)*

born June 13th 1895 at Caldwells, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Lelia Hostetter desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Lila May Hostetter

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Ed. May M. D. was the
medical attendant at the birth of said Lila May Hostetter ~~Midwife~~
and that the said medical attendant is Can not be located

(Now deceased (or) cannot be located)

Name of Affiant Lelia F Hostetter

P. O. Address 1337 Mohawk Los Angeles, Cal.

Subscribed and sworn to before me this 19 day of November, 1937

W. A. CAMPBELL

Notary Public.

My Commission Expires December 16, 1939 NOTARY PUBLIC
Residing at Los Angeles, Cal. and for the County of Los Angeles, State of California, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of, in order of birth stated.

799-200-001-653
1. PLACE OF BIRTH
County of Idaho
City of Middleton
No. _____ St. _____

JAN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

261549

261549

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Edith Eva Briggs. Born Apr 24. 1895-

3. Sex	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? _____	8. Date of birth <u>Apr. 24-1895</u> 193 (Month, Day, Year)
		5. Number, in order of birth _____	Full term _____		

9. Full name <u>Elliott Briggs.</u>	FATHER	18. Full maiden name <u>Lou Ann Welch.</u>	MOTHER
--	--------	---	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Middleton</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Middleton</u>
--	--

11. Color or race <u>white</u>	12. Age at last birthday <u>43</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>32</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) (State or Country) <u>Illinois</u>	22. Birthplace (city or place) (State or Country) <u>Illinois</u>
--	--

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
--	--

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>
--	---

16. Date (month and year) last engaged in this work _____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____	26. Total time (years) spent in this work _____
--	--	--	--

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother _____ (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of stillbirth _____	{ Before labor During labor
--	----------------------	-------------------------------	--------------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

Give name added from
a supplemental report _____

(Date of) _____

Registrar.

(Born Alive or Stillborn)
(Signed) Lou Ann Briggs McClaran Mother

or _____, Midwife

Address Boise Idaho Route 2

Filed JAN 7 1938 day of Jan 1938

State Registrar

Registrar.

MAR 26 1953

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

4443-224028-249
PLACE OF BIRTH

County of Rosier's
City of Hope
No. 224028-249 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 10 1938 CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 262602

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Veronica Mulvihill

3. Sex Female 4. Twin, triplet, or other 1st 5. Number, in order of birth 1st 6. Premature yes 7. Legitimate yes 8. Date of birth March 24, 1895
(MONTH, DAY, YEAR)

9. Full name William John Mulvihill FATHER 18. Full maiden name Hellie Smiley Mulvihill MOTHER

10. Residence (usual place of abode) Hope Idaho 19. Residence (usual place of abode) Hope Idaho
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 22 (years) 20. Color or race white 21. Age at last birthday 20 (years)

13. Birthplace (city or place) Preston, Minnesota 22. Birthplace (city or place) Caterville, Minn.
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad Office 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work March 24, 1895 17. Total time (years) spent in this work 44 25. Date (month and year) last engaged in this work March 24, 1895 26. Total time (years) spent in this work 5

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Lena Abner at _____ m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

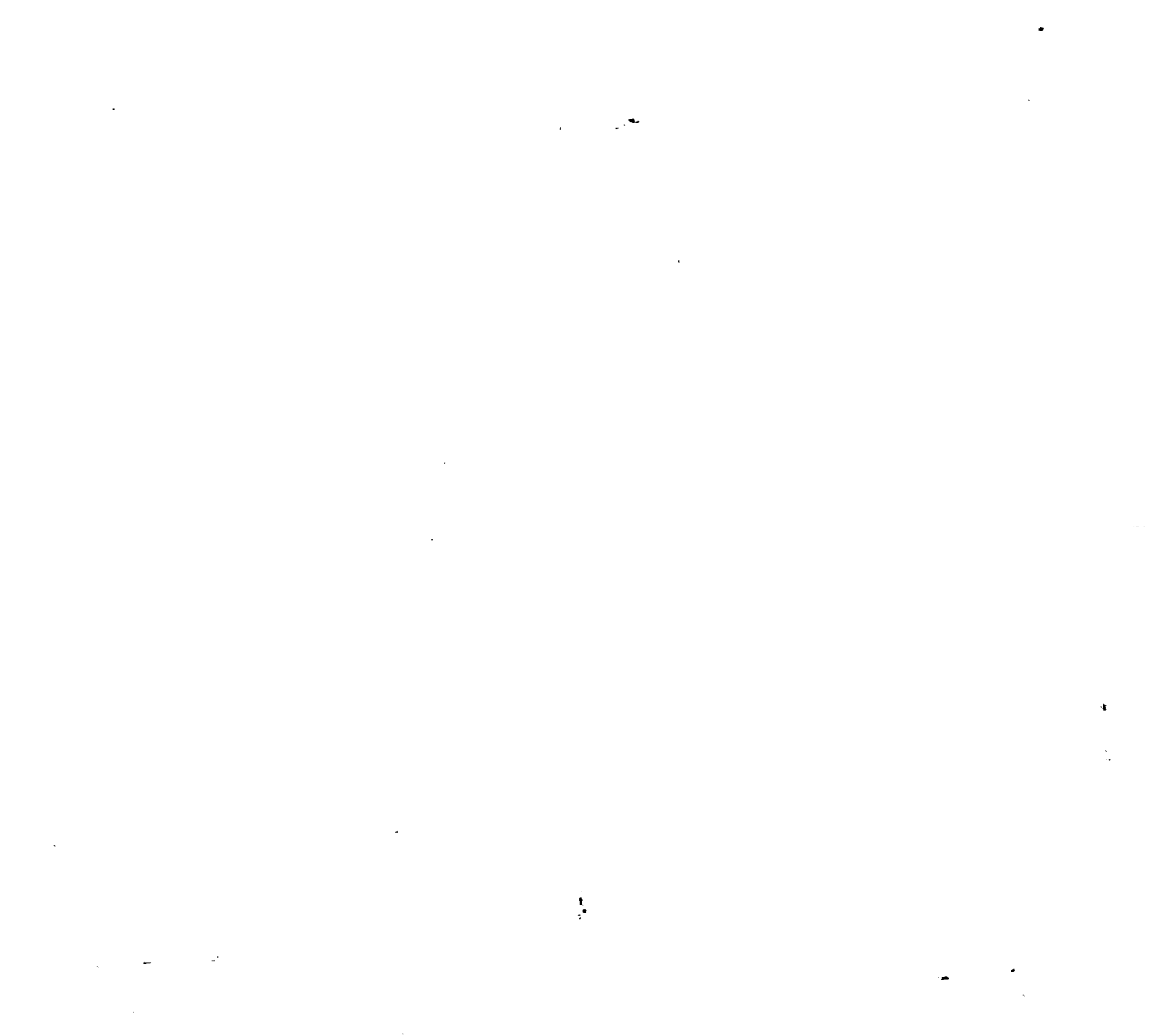
(Signed) _____ M. D.
or _____ Midwife

Address _____
Filed _____ 193 _____

Registrar.

FEB 10 1938

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Kootenai } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Nellie Smiley Mulvihill being first duly sworn says that
is the Mother of Veronica Mulvihill
(Relationship of child)*
born March 24th 1895 at Hope Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that I desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Veronica Mulvihill
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Harding M. D. was the
medical attendant at the birth of said Veronica Mulvihill ~~Midwife~~ and that
the said medical attendant is now deceased

(Now deceased (or) cannot be located)
Name of Affiant Nellie Smiley Mulvihill

P. O. Address Skagway Alaska

Subscribed and sworn to before me this 23rd day of November, 1937

W. H. Murray

Notary Public.

Residing at Skagway Alaska, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



235705 001-231

763-110

1. PLACE OF BIRTH
 County of Ida
 City of Boise, Idaho
 No. 510 State St ST

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

263496

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Robert Clifford Stevenson

3. Sex male If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth. _____ }
 6. Premature No 7. Legiti- mate? yes 8. Date of birth June 5, 1895
 Full term yes (Month, Day, Year)

9. Full name Charles Clifford Stevenson
 10. Residence (usual place of abode) Boise, Idaho
 (If non-resident, give place and State) Boise, Idaho
 11. Color or race White 12. Age at last birthday 41 (years)
 13. Birthplace (city or place) Dayton, Ohio
 (State or Country)

18. Full maiden name Martha Bell Black
 19. Residence (usual place of abode) Boise, Idaho
 (If non-resident, give place and State) Boise, Idaho
 20. Color or race White 21. Age at last birthday 28 (years)
 22. Birthplace (city or place) Cincinnati, Ohio
 (State or Country)

OCCUPATION
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
 16. Date (month and year) last engaged in this work _____
 17. Total time (years) spent in this work _____

OCCUPATION
 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
 25. Date (month and year) last engaged in this work _____
 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ?
 28. Number of children of this mother (At time of this birth and including this child) 1
 (a) Born alive and now living 1 (b) Born alive but now dead None (c) Stillborn None
 29. If stillborn, period of gestation _____ { months or weeks }
 30. Cause of Stillbirth _____ { During labor _____ Before labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born Alive or Stillborn)

(Signed) Martha Bell Stevenson Martha D.

or _____, Midwife

Address 1209 8th St. Boise, Idaho.

Filed FEB 17 1938, 1938

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 Give name added from a supplemental report _____
 (Date of) _____

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Ada } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Martha Belle Stevenson being first duly sworn says that
she is the mother of Robert Clifford Stevenson
(Relationship of child)*
born June 5 1895 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Robert Clifford Stevenson
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that L. C. Demers M. D. was the
medical attendant at the birth of said Robert Clifford Stevenson and that
the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Martha Belle Stevenson
P. O. Address 1209 No. 8th Street
Subscribed and sworn to before me this 17th day of February 1938

Beth Dyke
Notary Public.
Residing at Boise, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

495 213 029 345

RECEIVED
APR 25 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
265531

1. PLACE OF BIRTH
County of IDAHO
City of PRINCETON
No. _____ St. _____
Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD LOUISA LILLIAN DIEBEL

3. Sex
FEMALE

4. Twin, triplet, or other
births {
5. Number, in order of birth _____

6. Premature _____
Full term YES

7. Legiti-
mate? YES

8. Date of
birth AUG. 13, 1935
(Month, Day, Year)

9. Full
name
ALBERT DIEBEL

10. Residence (usual place of abode)
(If non-resident, give place and State) _____

11. Color or race WHITE | 12. Age at last birthday 31 (years)

13. Birthplace (city or place)
(State or Country) Ontario, Canada

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Farmer

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. Farm

16. Date (month and year)
last engaged in this work _____, 19____

17. Total time (years) spent
in this work four years

18. Full
maiden
name
JULIA LUESING

19. Residence (usual place of abode)
(If non-resident, give place and State) _____

20. Color or race WHITE | 21. Age at last birthday 27 (years)

22. Birthplace (city or place)
(State or Country) Ontario, Canada

23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. HOUSEKEEPER

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. OWN HOME

25. Date (month and year)
last engaged in this work _____, 19____

26. Total time (years) spent
in this work six yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
one
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) Albert Diebel, M. D., father
or Julia Diebel, mother
Address 508 Whitman, Walla Walla, Wash.
Filed APR 25 1938, 1935
Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of Washington }
County of Walla Walla } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Albert Diebel and Julia Diebel, each being first duly sworn says that
they are ~~x~~ the father and mother of Louisa Lillian Diebel
(Relationship of child)*

born August 13, 1895 at Princeton, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that they desire ~~x~~ to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
cate of birth of the said Louisa Lillian Diebel

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. J. Mendenhall ~~XXX~~ was the
Midwife
medical attendant at the birth of said Louisa Lillian Diebel and that
the said medical attendant is now deceased.

Albert Diebel (Now deceased (or) cannot be located)
Name of Affiant Julia Diebel

P. O. Address Walla Walla, Washington

Subscribed and sworn to before me this 8th day of April, 1938

M. A. Morganis

Notary Public.

Residing at Walla Walla, Wash., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

1371

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1.

PLACE OF BIRTH

County of Payette
City of Payette
No. 117 North 9th St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

266597

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Gladys Mary Greenlaw

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth <u>2nd</u>	6. Premature _____ Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>12-11-1895</u> (Month, Day, Year)
-------------------------	---	--	--------------------------------	---

9. Full name <u>Hyrum Perry Greenlaw</u>	FATHER	18. Full maiden name <u>Clarrisa E. Clement</u>	MOTHER
--	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Payette, Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Payette, Idaho</u>
---	---

11. Color or race <u>White</u>	12. Age at last birthday <u>27</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>22</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) (State or Country) <u>Carondelet, Missouri</u>	22. Birthplace (city or place) (State or Country) <u>Firth, Nebraska</u>
--	---

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housekeeper</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Carpenter</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____		17. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) one
two (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn none

29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of stillbirth _____	{ Before labor _____ During labor _____
--	----------------------	-------------------------------	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at P. m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

Give name added from
a supplemental report _____

(Signed) Clara E. Masonheimer

or Aunt Midwife

Address Payette, Idaho

Filed June, 1938

(Date of)

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of..... IDAHO,..... }
County of..... Payette..... } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

..... CLORA E. MASONHEIMER,..... being first duly sworn says that
..... is the..... Aunt..... of..... Gladys Mary Greenlaw.....
(Relationship of child)*
born..... the 11th day of December, 1895..... at..... Payette,....., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that..... she..... desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi
cate of birth of the said..... Gladys Mary Greenlaw.....

..... hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that..... Dr. C. H. Scott..... M. D. was the
Midwife
medical attendant at the birth of said..... Gladys Mary Greenlaw..... and that
the said medical attendant is..... deceased.....

(Now deceased (or) cannot be located)

Name of Affiant..... Clara E. Masonheimer.....
P. O. Address..... Payette, Idaho.....

Subscribed and sworn to before me this..... 10th..... day of..... June....., 19...38

..... Robert E. Leitch.....
Notary Public.

Residing at..... Payette, Idaho....., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. *A 213-228029-238*

PLACE OF BIRTH

County of *Latah*
City of *Troy Rural Community*
No. _____ St. _____

RECEIVED

JUN 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

267376

Registration District No. _____ State File No. _____

(If born in hospital or institution give name)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD *Lillian Emma Bachman*

3. Sex *Female* If plural births { 4. Twin, triplet, or other *Twin* 5. Number, in order of birth _____ 6. Premature _____ Full term *X* 7. Legitimate? *X* 8. Date of birth *April 28 1895* (Month, Day, Year)

9. Full name *Edward Bachman* FATHER

18. Full maiden name *Helina Schorer* MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State) *rural Idaho*

19. Residence (usual place of abode) (If non-resident, give place and State) *farm in Idaho*

11. Color or race *white* 12. Age at last birthday *37* (years)

20. Color or race *white* 21. Age at last birthday *27* (years)

13. Birthplace (city or place) (State or Country) *Switzerland*

22. Birthplace (city or place) (State or Country) *Switzerland*

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. *Farmer*

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. *Housewife*

16. Date (month and year) last engaged in this work *September, 1930* 17. Total time (years) spent in this work *50*

25. Date (month and year) last engaged in this work *still at it, 1938* 26. Total time (years) spent in this work *52 years*

27. What prophylactic was used to prevent Ophthalmia Neonatorum? *none*

28. Number of children of this mother *6* (At time of this birth and including this child)
(a) Born alive and now living *6* (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Signed) _____, M. D.

or _____, Midwife

Address _____

(Date of) _____

Filed _____, 193 _____

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Latah } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Elmina Bachman being first duly sworn says that
she is the mother of Lillian Emma Bachman
(Relationship of child)*
born April 28-1895 at Troy, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Lillian Emma Bachman
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that none M. D. was the
medical attendant at the birth of said Lillian Emma Bachman and that
the said medical attendant is none

(Now deceased (or) cannot be located)

Name of Affiant Elmina Bachman
P. O. Address Troy Ida

Subscribed and sworn to before me this 7 day of June, 1938

W. Brooke
Notary Public.

Residing at Troy Ida, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

NOV 27 1956



WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. N. B.--In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

655-215-028-254
1. PLACE OF BIRTH
County of Kootenai
City of Rathdrum, Idaho
No. _____ St. _____

JUN 29 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

267754

Registration District No. 30 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2051 Local Registrar's No. 172

2. FULL NAME OF CHILD Irma Geneva Feely

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>July 15, 1895</u> (Month, Day, Year)
-------------------------	--	--	--------------------------------	---

9. Full name <u>Thomas Nathaniel Feely</u>	FATHER	18. Full maiden name <u>Alice Mary Kemp</u>	MOTHER
---	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Rathdrum, Ida.</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Rathdrum, Ida.</u>
---	---

11. Color or race <u>White</u>	12. Age at last birthday <u>49</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>41</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) (State or Country) <u>Illinois.</u>	22. Birthplace (city or place) (State or Country) <u>Illinois.</u>
---	---

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer.</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife.</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
	17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother eleven. (At time of this birth and including this child)
(a) Born alive and now living 11 (b) Born alive but now dead 0 (c) Stillborn _____

29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of Stillbirth _____	{ During labor _____ Before labor _____
---	-------------------	-------------------------------	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 a. m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Mrs Alice Feely mother

or _____, Midwife

Address 219 Newland St Los Angeles Cal.

Filed June 25, 1938 L. C. Kitcher MD.

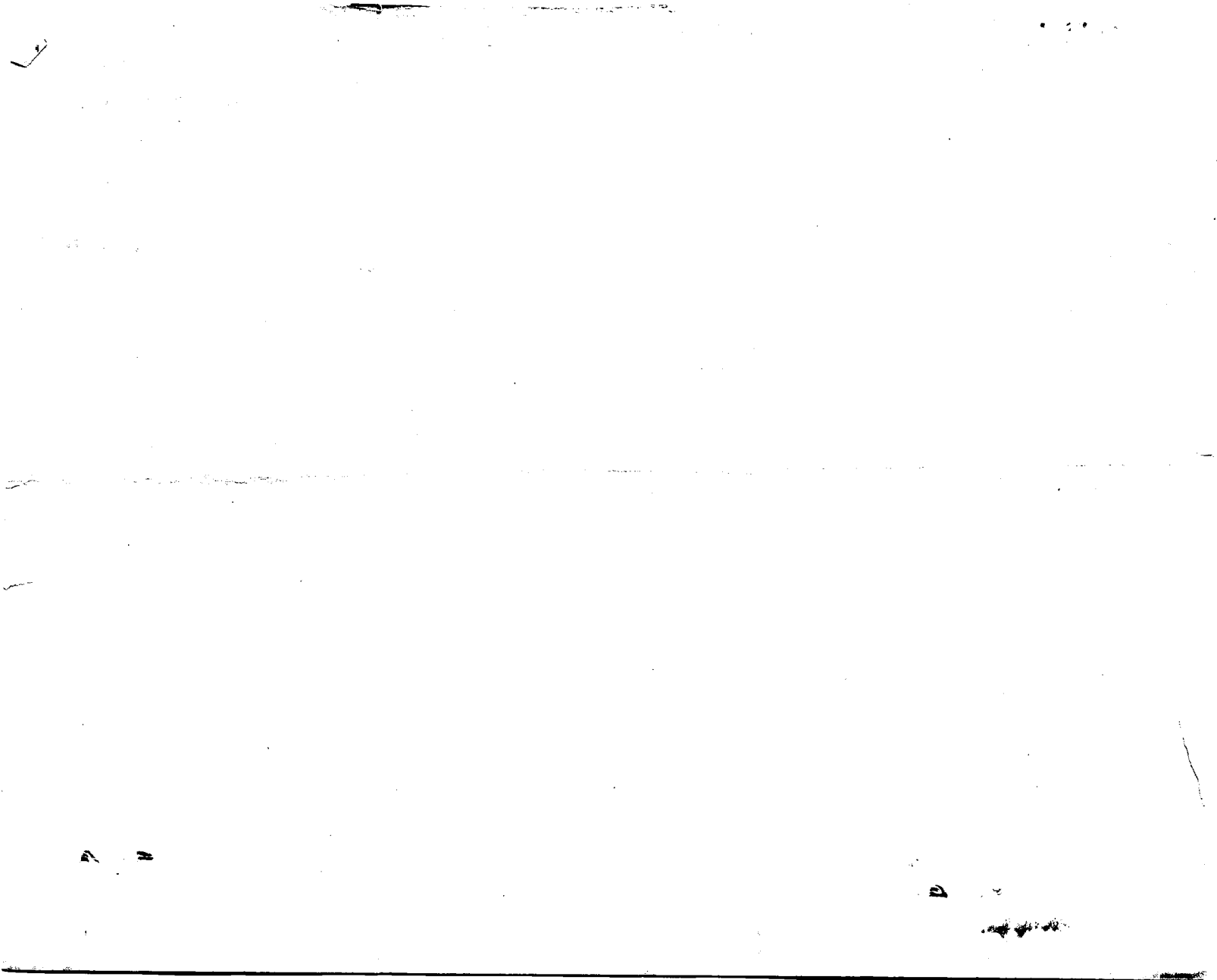
Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California.

County of Los Angeles.

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Alice Feely.

being first duly sworn says that

she is the mother of Irma Geneva Feely
(Relationship of child)*

born July 15, 1895.
(Date of birth)

at Rathdrum, Kootenai Co., Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Irma Geneva Feely.

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Crockett

~~M-D~~ was the Midwife

medical attendant at the birth of said child and that the said medical attendant is deceased

(Now deceased (or) cannot be located)

Name of Affiant Mrs. Alice Feely

P. O. Address 219 Newland St

Subscribed and sworn to before me this 18

day of June, 1938

George Chamberlain
Notary Public.

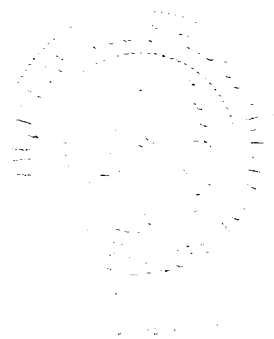
Residing at 6199 N. Figueroa, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

12-14-38 Expires

FEB 9 1961

JAN 11 1966



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 213-102-004 852
County of Bear Lake
City of Bloomington
No. none named **RECEIVED**
JUL 7-1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

267764

(If born in hospital or institution give name.) Prim. Registration District No. State File No. 267764
Local Registrar's No.

2. FULL NAME OF CHILD Cuffed Hess Bateman

3. Sex Male 1 plural births { 4. Twin, triplet, or other. 6. Premature. 7. Legitimate? yes 8. Date of birth Dec. 2 1935
(Month, Day, Year)

9. Full name Cuffed John Bateman FATHER
10. Residence (usual place of abode) Bloomington
(If non-resident, give place and State) Idaho
11. Color or race white 12. Age at last birthday 17 (years)

13. Birthplace (city or place) Bloomington
(State or Country) Bear Lake County

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Shrimmer & Stockman

16. Date (month and year) last engaged in this work June 30, 1938
17. Total time (years) spent in this work 52

18. Full maiden name Clara Hess MOTHER
19. Residence (usual place of abode) Bloomington
(If non-resident, give place and State)
20. Color or race white 21. Age at last birthday 17 (years)

22. Birthplace (city or place) Bloomington
(State or Country) Bear Lake

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work June 30, 1938
26. Total time (years) spent in this work 42

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation { months or weeks 30. Cause of Stillbirth { During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

(Signed) A. J. Bateman Father, M. D.

or Midwife

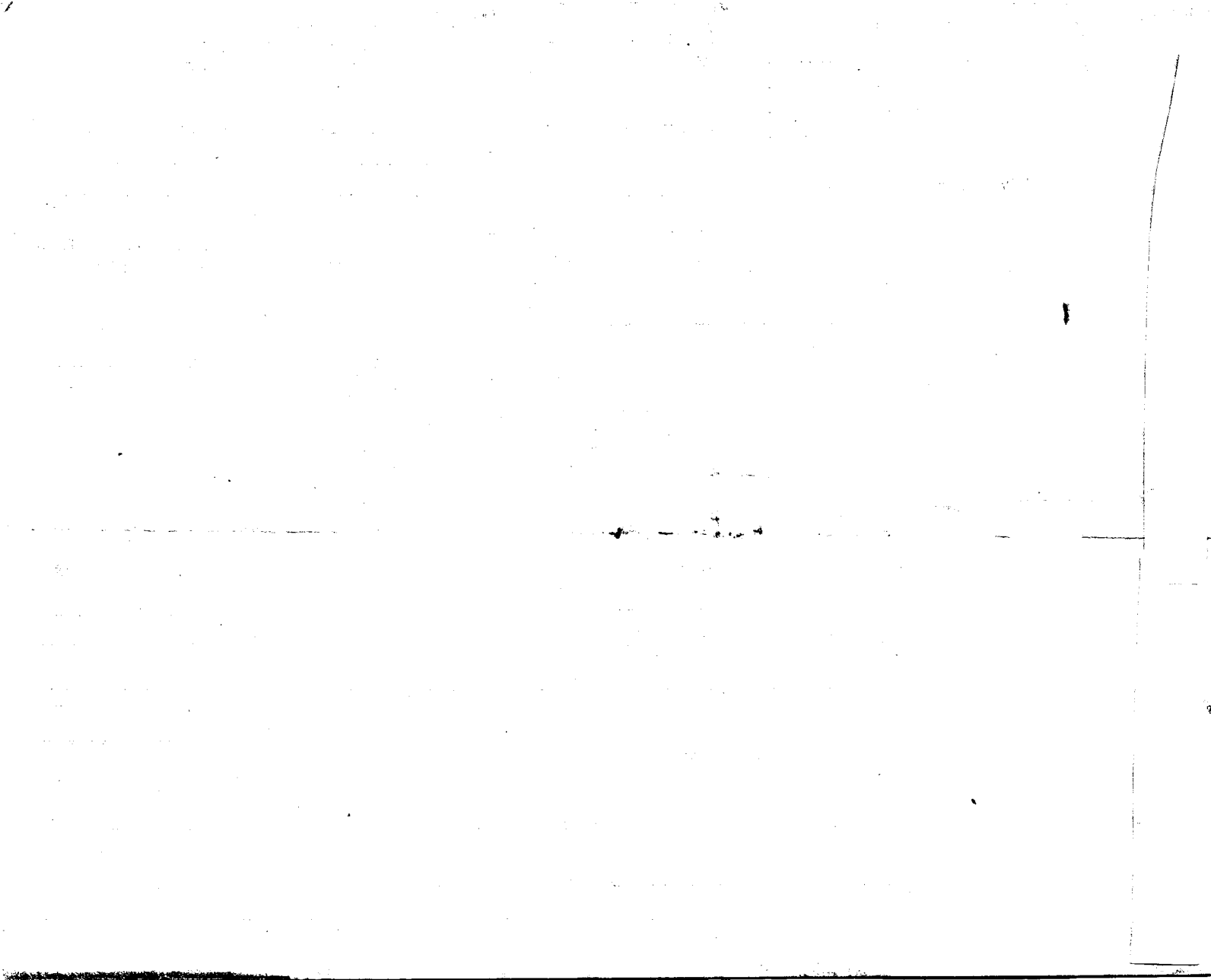
Address

Filed **RECEIVED**, 193

Registrar.

Registrar.

JUL 7-1938



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Bonneville Carbo } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Alfred Hess Bateman being first duly sworn says that
he is the father of Alfred Hess Bateman
(Relationship of child)*
born December 2, 1895 at Bloomington, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho, and affiant further states that the facts contained in the certifi
cate of birth of the said Alfred Hess Bateman

as stated therein, and that this birth has not been previously recorded, hereto attached are true and correct

Affiant further states that Dr. West (deceased) M. D. was the
medical attendant at the birth of said Alfred Hess Bateman and that
the said medical attendant is now deceased

(Now deceased (or) cannot be located)

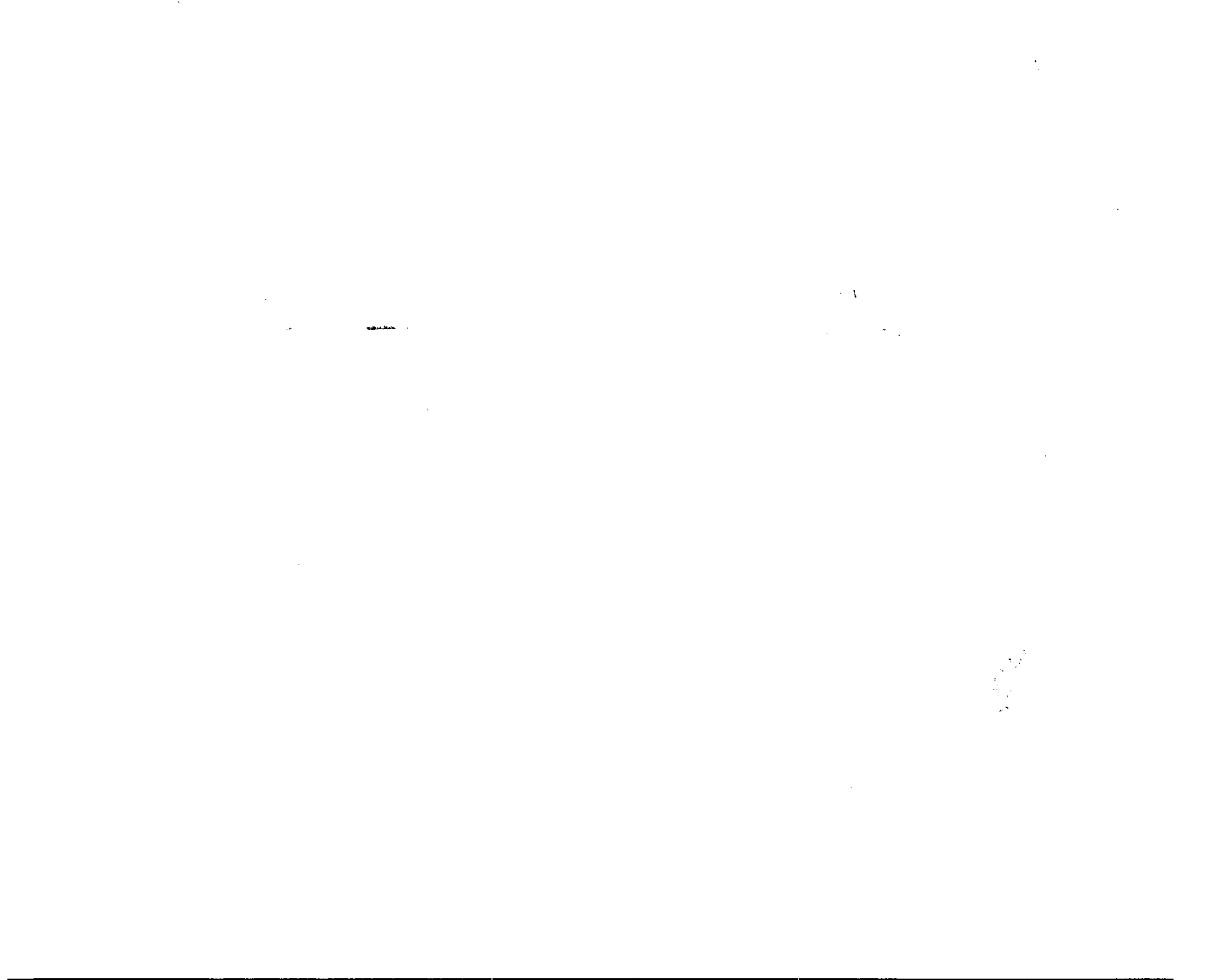
Name of Affiant Alfred Hess Bateman

P. O. Address Logan, Utah

Subscribed and sworn to before me this 2 day of July, 1938

Earl F. Kershner
Notary Public.
Residing at Logan, Utah, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



4384217028-553
1. PLACE OF BIRTH
County of KOOTENAI
City of HAYDEN LAKE
No. _____ St. _____

RECEIVED
AUG 3 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 268862

Registration District No. 30 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2051 Local Registrar's No. 222

2. FULL NAME OF CHILD MARIE ALEXANDRA THUNBORG

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other. _____	6. Premature _____	7. Legiti-	8. Date of birth <u>Feb 17</u> , 1895 (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>✓</u>	mate? <u>Yes</u>	

9. Full name <u>JACOB THUNBORG</u>	FATHER	18. Full maiden name <u>CHRISTINE NELSON</u>	MOTHER
------------------------------------	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Hayden Lake</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Hayden Lake</u>
--	--

11. Color or race <u>White</u>	12. Age at last birthday <u>40</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>38</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) (State or Country) <u>Ljustorps Sweden</u>	22. Birthplace (city or place) (State or Country) <u>Wärmland Sweden</u>
--	---

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stone Mason</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
	17. Total time (years) spent in this work <u>9</u>		26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living Three (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of stillbirth _____	{ Before labor. _____ During labor. _____
---	-------------------	-------------------------------	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

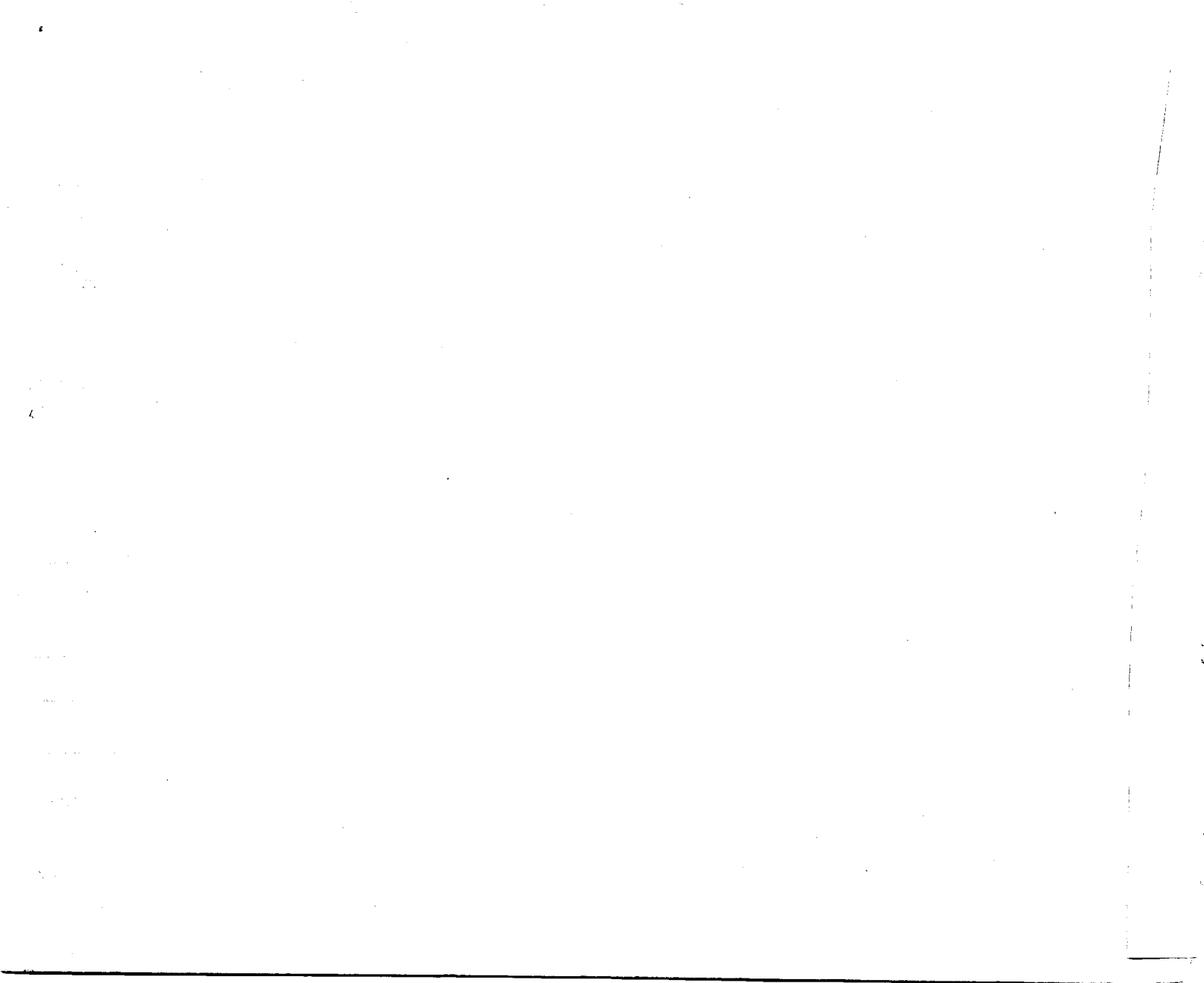
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) _____, M. D.
or _____, Midwife

Address _____

Filed July 29, 1938 S. C. Kitchin MD
Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of KOOTENAI IDAHO }
County of Kootenai } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

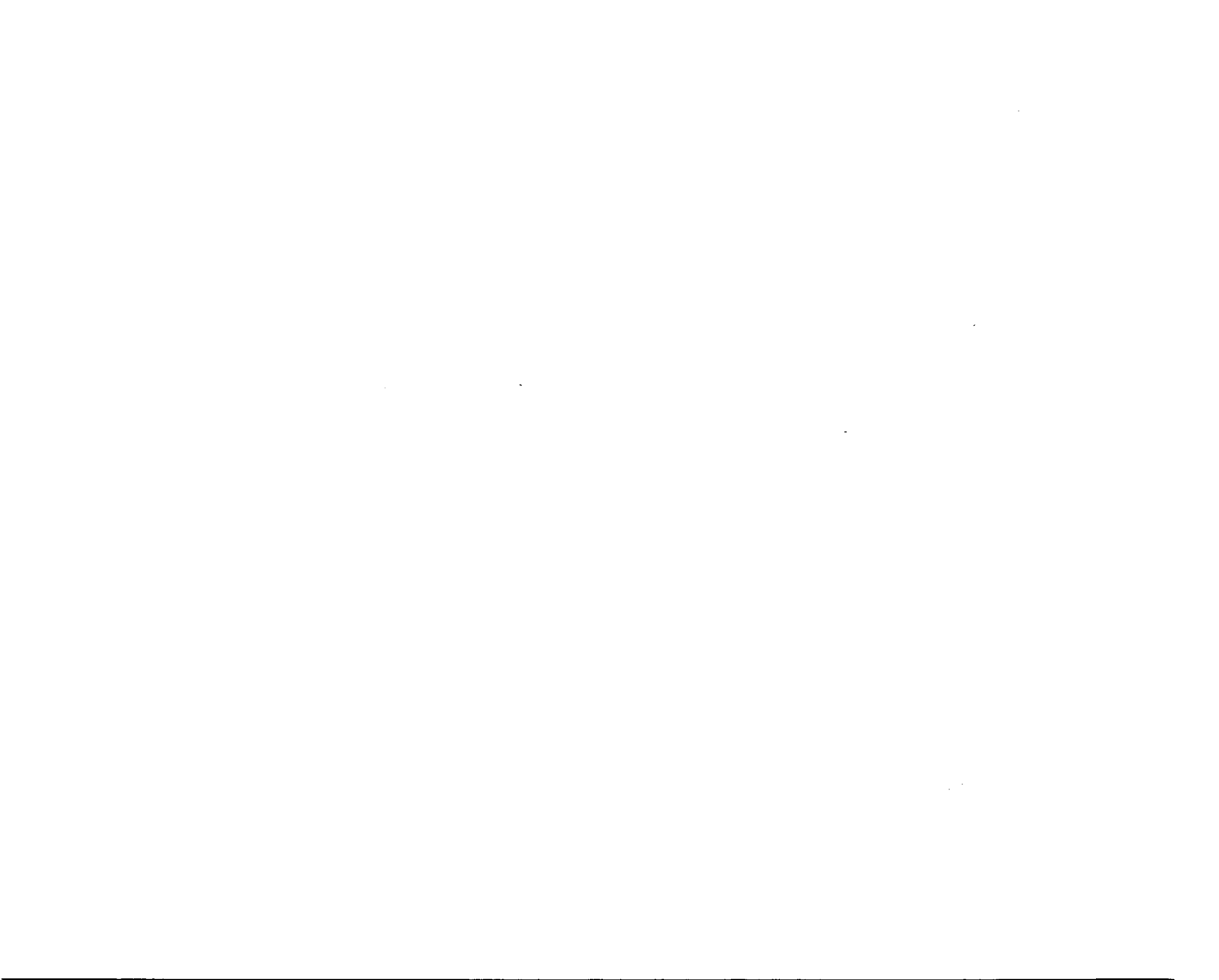
Christine Thunborg being first duly sworn says that
she is the Mother of Marie Alexandra Thunborg
(Relationship of child)*
born Feb. 17, 1895 at Hayden Lake, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
cate of birth of the said Marie Alexander Thunborg
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Eric Peterson ~~M.D.~~ was the
Midwife
medical attendant at the birth of said Marie Alexandra Thunborg and that
the said medical attendant is Now Deceased
(Now deceased (or) cannot be located)

Name of Affiant Christine Thunborg
P. O. Address Hayden Lake, Idaho.

Subscribed and sworn to before me this 29th day of July, 1938
E. A. Anderson
Notary Public.
Residing at Coeur d'Alene, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

249-106-016-1342

1. PLACE OF BIRTH
County of Cassia
City of Elbon, Idaho
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

270029

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Justin Bernard Smith

3. Sex M If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legiti- mate? yes 8. Date of birth June 6, 1895 (Month, Day, Year)

9. Full name Andrew Harris Smith FATHER 18. Full maiden name Fanny Bell Cubine MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State) Rupert, Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Rupert, Idaho

11. Color or race W 12. Age at last birthday 24 (years) 20. Color or race W 21. Age at last birthday 20 (years)

13. Birthplace (city or place) (State or Country) Corinne, Utah 22. Birthplace (city or place) (State or Country) Abington, Virginia

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cattleman 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work June, 1895 17. Total time (years) spent in this work 5 25. Date (month and year) last engaged in this work June, 1895 26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? do not know

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3 p.m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) Mrs. Andrew H. Smith M. D. or Rupert, Idaho

Filed SEP 12 1938, 1938 Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Minidoka } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

ANDREW H. SMITH being first duly sworn says that

she is the Mother of Austin Bernard Smith
(Relationship of child)*

born June 6, 1895 at Albion, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Austin Bernard Smith

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. R. T. Storey M. D. was the medical attendant at the birth of said Austin Bernard Smith ~~Midwife~~ and that the said medical attendant is now deceased

(Now deceased (or) cannot be located)

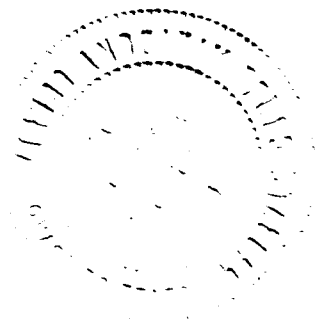
Name of Affiant Mrs Andrew H Smith

P. O. Address Rupert, Idaho

Subscribed and sworn to before me this 7th day of September, 1938.

J. W. [Signature]
Probate Clerk Notary Public.
Residing at Rupert, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

841-107003-239

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

270035

SEP 14 1938

CERTIFICATE OF BIRTH

270035

1. PLACE OF BIRTH
County of Bannock
City of Polatillo
No. As long as forgotten St.

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Ralph Betty Charles Jr.

3. Sex	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>7 Sept 1895</u> (Month, Day, Year)
		5. Number, in order of birth _____			

9. Full name <u>Ralph Betty Charles</u>	FATHER	18. Full maiden name <u>Ida May Strow</u>	MOTHER
---	--------	---	--------

10. Residence (usual place of abode) (If non-resident, give place and State) _____	19. Residence (usual place of abode) (If non-resident, give place and State) _____
--	--

11. Color or race <u>White</u>	12. Age at last birthday <u>2 1/2</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>26</u> (years)
--------------------------------	---	--------------------------------	--

13. Birthplace (city or place) (State or Country) <u>Murray, Kentucky</u>	22. Birthplace (city or place) (State or Country) <u>Benton, Kentucky</u>
---	---

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lawyer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
--	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
--	--

16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work <u>life time</u>	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____
---	--	---	---

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation _____ { months or weeks _____ }
30. Cause of stillbirth died (motherway) { Before labor _____ During labor X }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

Registrar.

(Born Alive or Stillborn)
(Signed) Ida May Charles, Mother
or _____, Midwife
Address 1207 Hay Street, Boise, Idaho
Filed SEP 14, 1938
Registrar.

dup of 1895-319295

BOTH
DELAYED

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Bannock } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Ida May Quarles being first duly sworn says that
she is the Mother of Ralph Petty Quarles, Jr.
(Relationship of child)*
born Sept-7-1899 at Pocatello, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
cate of birth of the said Ralph Petty Quarles, Jr.
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr Dean M. D. was the
medical attendant at the birth of said Ralph Petty Quarles, Jr. and that
the said medical attendant is deceased (as far as I know) or cannot be located
(Now deceased (or) cannot be located) Pocatello

Name of Affiant Ida May Quarles
P. O. Address 1209 7th St Boise Idaho

Subscribed and sworn to before me this 14th day of September, 1938

James Martin, Jr.
Notary Public.

Residing at Boise, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

▲ ●

4286-227-028-465
1. PLACE OF BIRTH
County of Kootenai
City of Mediunt
No. Idaho St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

OCT 4 1938

CERTIFICATE OF BIRTH 271114

Registration District No. 30 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 2051 Local Registrar's No. 285

2. FULL NAME OF CHILD Ethel Estella Short

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legitimate? <u>yes</u>	8. Date of birth <u>Nov. 27, 1895</u> (Month, Day, Year)
		5. Number, in order of birth	Full term <u>✓</u>		

9. Full name FATHER Robert Short
10. Residence (usual place of abode)
(If non-resident, give place and State) Mediunt
11. Color or race white 12. Age at last birthday (years)
13. Birthplace (city or place) Vancouver Wash.
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Keeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Hotel
16. Date (month and year) last engaged in this work 1918
17. Total time (years) spent in this work 15 yrs

18. Full maiden name MOTHER Lena Moe
19. Residence (usual place of abode)
(If non-resident, give place and State) Mediunt
20. Color or race white 21. Age at last birthday (years)
22. Birthplace (city or place) Fairchild Wis.
(State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Hotel Keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Hotel
25. Date (month and year) last engaged in this work 1920
26. Total time (years) spent in this work 15 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? unknown
28. Number of children of this mother (At time of this birth and including this child)
Two (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation { months or weeks }
30. Cause of stillbirth { Before labor During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

or _____, Midwife

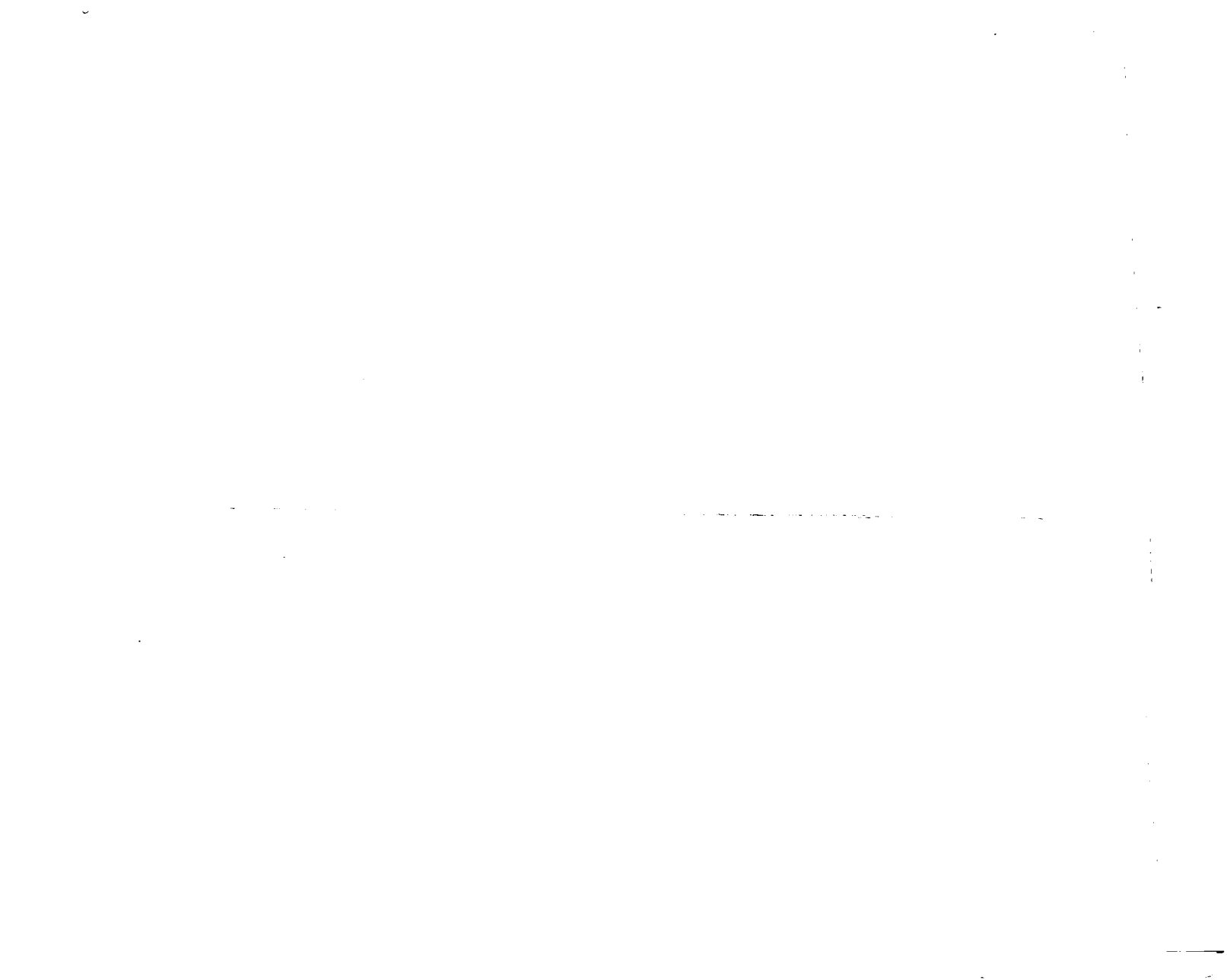
Give name added from a supplemental report _____
(Date of) _____

Address _____

Filed October 3, 1938 L. L. Kitcher M.D.

Registrar.

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon }
County of Klamath } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Ella Palmer, being first duly sworn says that

she is the aunt of Ethel Estella Short
(Relationship of child)*

born Nov. 27, 1895 at Medimont, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Ethel Estella Short desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Ethel Estella Short

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. John Busbee of Spokane, Wash M. D. was the
medical attendant at the birth of said Ethel Estella Short and that
the said medical attendant is deceased

(Now deceased (or) cannot be located)

Name of Affiant Ella Palmer

P. O. Address Klamath Falls, Oregon

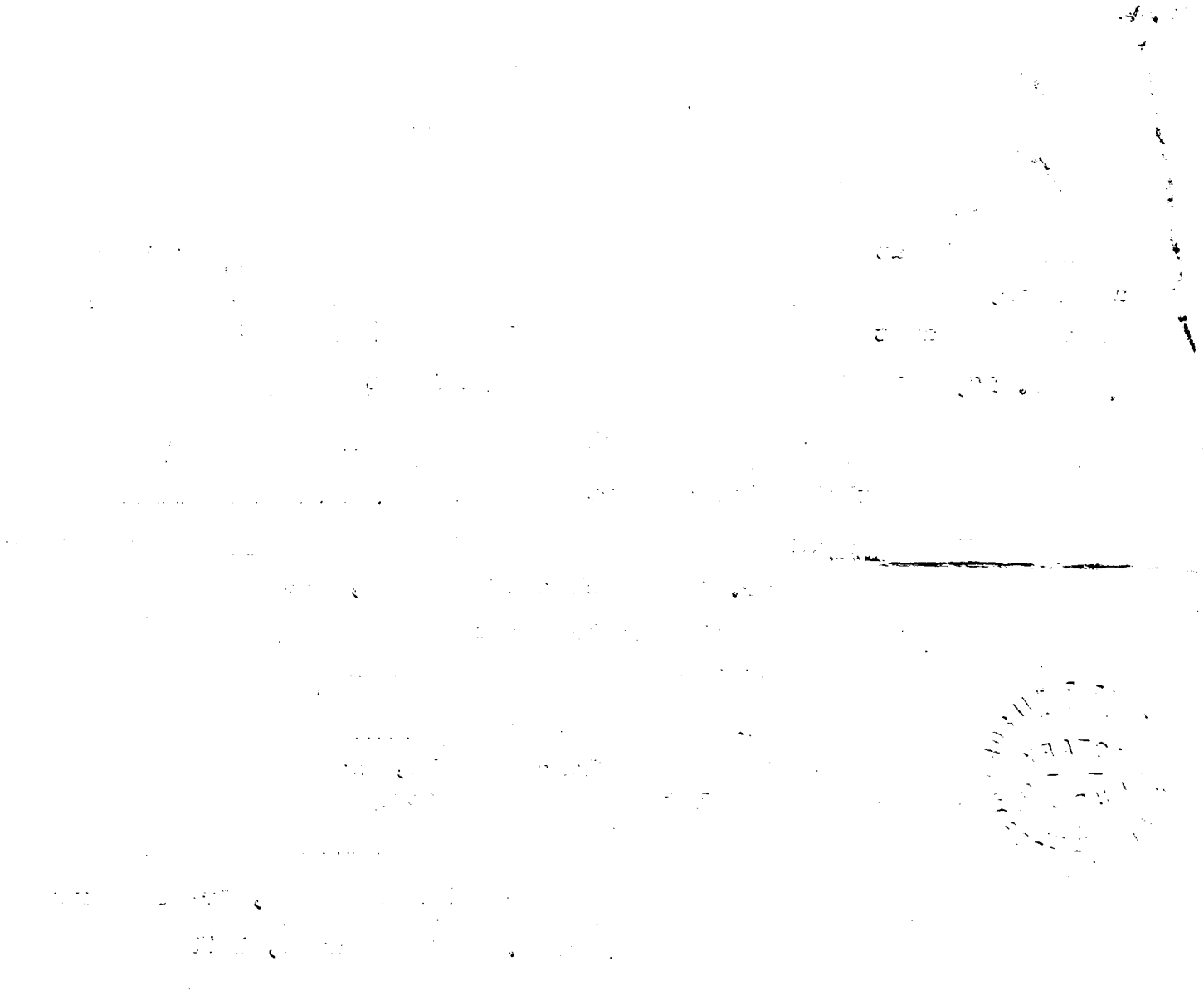
Subscribed and sworn to before me this 1st day of October, 19 38

John P. Wilson
Notary Public.

Residing at Klamath Falls, Oregon, ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

My Comm. expires May 6, 1939



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

695 225 014-864

1. PLACE OF BIRTH
County of Banyon
City of Payette
No. _____ St. _____

DEC 17 1938

STATE OF IDAHO
DEPARTMENT OF PUEBIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 273335

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)— Prim. Registration District No. _____ Loca' Registrar's No. _____

2. FULL NAME OF CHILD Elsie Arpie Kindle

3. Sex female If plural births { 4. Twin, triplet, or other none 5. Number, in order of birth _____ 6. Premature no Full term yes 7. Legiti- mate? yes 8. Date of birth Sept. 25, 1895 (Month, Day, Year)

9. Full name FATHER Thomas Jefferson Kindle
10. Residence (usual place of abode) Payette Idaho
(If non-resident, give place and State)
11. Color or race W. White 12. Age at last birthday 35 (years)
13. Birthplace (city or place) Union Co. Ohio
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm
16. Date (month and year) last engaged in this work engaged in logging
17. Total time (years) spent in this work _____

18. Full maiden name MOTHER Elizabeth Rachel Yontler
19. Residence (usual place of abode) Payette Idaho
(If non-resident, give place and State)
20. Color or race W. White 21. Age at last birthday 35 (years)
22. Birthplace (city or place) Fort Scott Kansas
(State or Country)
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work engaged in this housewife present

27. When and by what method used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living two (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at _____ m. on the date above stated.

(Born Alive or Stillborn)

(Signed) Addie Kindle Howard M.D.

or Older Sister Midwife

Address Good River Oregon R. 2

Filed _____ 1938 _____

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon }
County of Hood River } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Addie Windle Howard being first duly sworn says that
she is the older sister of Elsie Arpie Windle.
(Relationship of child)*
born Sept 25, 1895 at Payette Id., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that _____ desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Elsie Arpie Windle
_____ hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that W. H. Hamilton M. D. was the
medical attendant at the birth of said Elsie Arpie Windle and that
the said medical attendant is W. H. Hamilton (now deceased) of Payette, Idaho
(Now deceased (or) cannot be located)

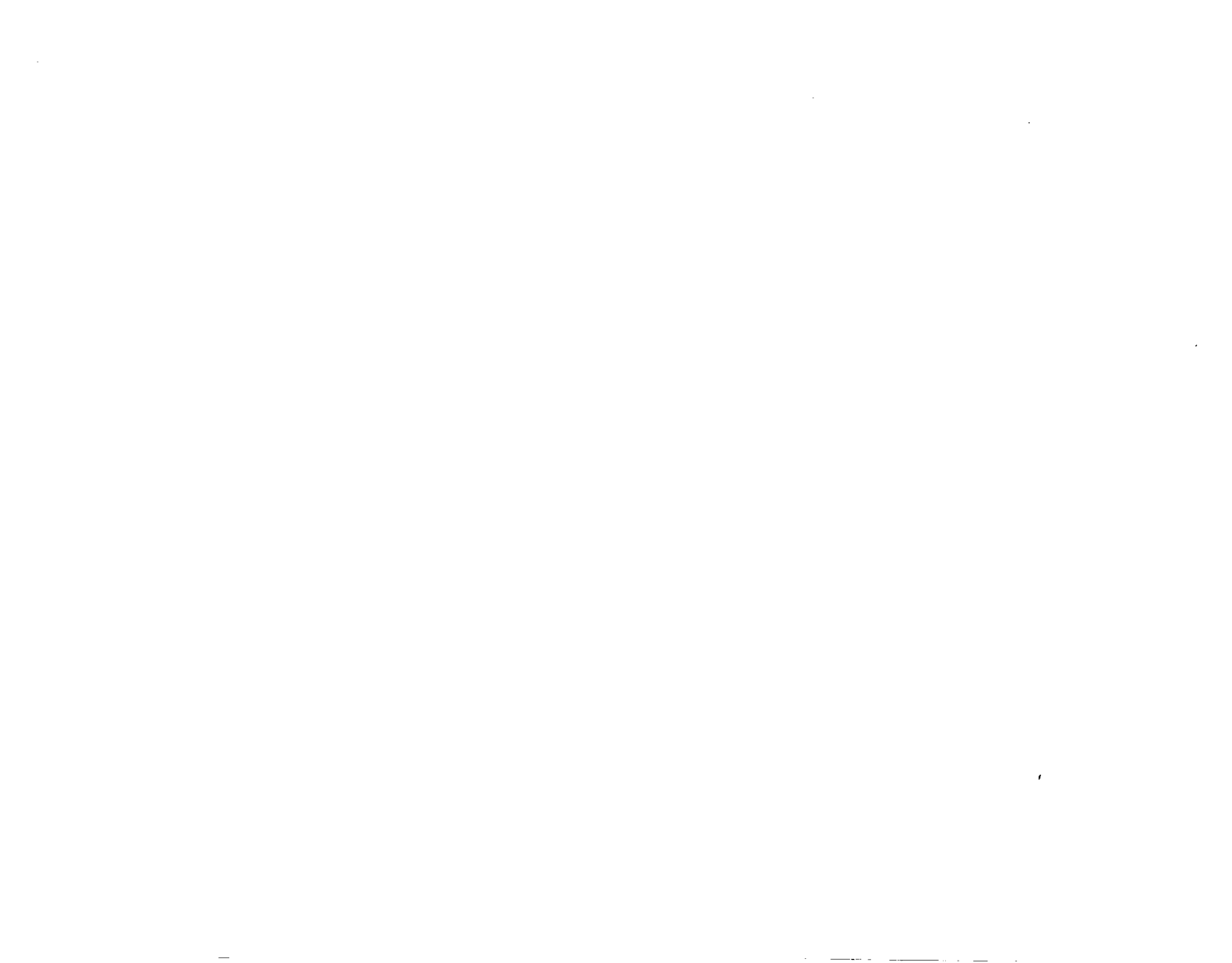
Name of Affiant Addie Windle Howard
P. O. Address Hood River Oregon

Subscribed and sworn to before me this 8 day of December, 1938

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES OCT. 14, 1946

E. H. Hines Notary Public.
Residing at Hood River Oregon, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Idaho
City of Cottonwood
No. A766229035-699 St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

274398

Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Clara Hazel Powell

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other..... 5. Number, in order of birth.....	6. Premature..... Full term.....	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Nov. 29, 1895</u> (Month, Day, Year)
-------------------------	--	-------------------------------------	---------------------------	---

9. Full name of FATHER Perry N. Powell
10. Residence (usual place of abode) Cottonwood, Idaho
(If non-resident, give place and State) _____
11. Color or race W | 12. Age at last birthday 30 (years)
13. Birthplace (city or place) West Virginia
(State or Country) _____
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Stockman
16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____
19. _____

OCCUPATION

18. Full maiden name of MOTHER Clara Bell Orr
19. Residence (usual place of abode) Cottonwood, Idaho
(If non-resident, give place and State) _____
20. Color or race W | 21. Age at last birthday 23 (years)
22. Birthplace (city or place) Little Rock
(State or Country) Arkansas
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work _____
19. _____

OCCUPATION

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 3A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed Dec. 27, 1908

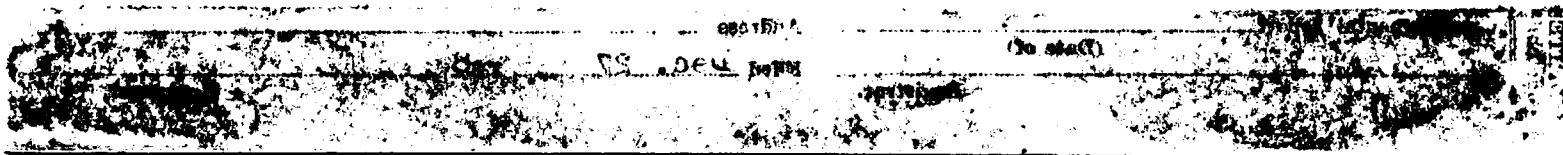
Registrar.

Registrar.



AUG 12 1949

DELAYED



STATE OF IDAHO
MARZELLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Ada } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Clara Powell Goodyear being first duly sworn says that
she is the Mother of Clara Hazel Powell
(Relationship of child)*
Born November 29, 1895 at Cottonwood, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho, and affiant further states that the facts contained in the certifi-
cate of birth of the said Clara Hazel Powell

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Pruitt M. D. was the
Clara Hazel Powell ~~Midwife~~
medical attendant at the birth of said deceased and that
the said medical attendant is deceased

(Now deceased (or) cannot be located)

Name of Affiant Clara Powell Goodyear
P. O. Address Caldwell Idaho

Subscribed and sworn to before me this 27 day of December, 1938

Myranda Kelly
Notary Public.
Residing at Boise, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

APR 25 1961

SEP 6 1961

AUG 12 1949

1. PLACE OF BIRTH

County of Canyon
City of Emmett

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 275385

No. 213224 014 485

JAN 23 1939

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Edna Belle Bates3. Sex Female If plural { 4. Twin, triplet, or other. _____ 6. Premature _____ 7. Legiti-
births { 5. Number, in order of birth _____ Full term _____ mate? yes 8. Date of birth Sept. 24 1895
(Month, Day, Year)9. Full name FATHER William M Bates10. Residence (usual place of abode) Emmett
(If non-resident, give place and State)11. Color or race White 12. Age at last birthday 40 (years)13. Birthplace (city or place) Kilgus, Cassia County, Missouri
(State or Country)OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent _____

_____, 19____ in this work _____

18. Full maiden name MOTHER May Ella Myers19. Residence (usual place of abode) Emmett
(If non-resident, give place and State)20. Color or race White 21. Age at last birthday 26 (years)22. Birthplace (city or place) Hamilton County, Iowa
(State or Country)OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent _____

_____, 19____ in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)When there was no attending physician or midwife, then the father, householder, etc., should make this return.
(Signed) May E Bates, M. D.

or _____, Midwife

Address _____

a supplemental report _____ Filed 1-23-, 1939

(Date of)

Registrar.

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon }
County of Coos } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

May E. Bates being first duly sworn says that
she is the mother of Edna Belle Bates
(Relationship of child)*
born Sept. 24, 1895 at Emmett, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Edna Belle Bates

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Eugene Clymer M. D. was the
~~midwife~~
medical attendant at the birth of said Edna Belle Bates and that
the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant May E Bates
P. O. Address Bandon, Oregon

Subscribed and sworn to before me this 19th day of January, 1939

MY NOTARIAL COMMISSION EXPIRES May 7, 1939
John Nielson Notary Public.
Residing at Bandon, Oregon, Idaho. ~~xxx~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A455-213 029. 212

276398

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Idaho
City of Moscow
No. None Billy St. St.

FEB 17 1939

Registration District No. _____ State File No. 276398

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Glady Mable Menge

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth August 13th 1895 (Month, Day, Year)

9. Full name FATHER Paul Menge
10. Residence (usual place of abode) Billy Street
(If non-resident, give place and State) Moscow Idaho
11. Color or race White 12. Age at last birthday 39 (years)
13. Birthplace (city or place) Germany
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness maker
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Run Harness Shop
16. Date (month and year) last engaged in this work Until he died Jan 1898
17. Total time (years) spent in this work 11 yrs

18. Full maiden name MOTHER Amelia Christina Baselt
19. Residence (usual place of abode) Moscow Idaho
(If non-resident, give place and State)
20. Color or race White 21. Age at last birthday 31 (years)
22. Birthplace (city or place) Germany
(State or Country)
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Run home
25. Date (month and year) last engaged in this work Jan. 1898
26. Total time (years) spent in this work 11 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown
28. Number of children of this mother (At time of this birth and including this child) Five children
(a) Born alive and now living Five (b) Born alive but now dead None (c) Stillborn None
29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth X { Before labor X During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

(Signed) _____, M. D.
or _____, Midwife

Address _____

Filed FEB 17 1939, 193____ Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report Hazel Menge Power
February 14, 1939 (Date of) (sister)
Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of California
County of San Francisco

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Hazel Menge Rower

being first duly sworn says that

she is the Sister
(Relationship of child)*

of Gladys Mable Menge

born August 13, 1895
(Date of birth)

at Moscow, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Gladys Mable Menge

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Watkins

M. D. was the Midwife

medical attendant at the birth of said deceased and that

the said medical attendant is deceased

(Now deceased (or) cannot be located)

Name of Affiant Hazel Menge Rower

P. O. Address 495 Morse Street, San Francisco

Subscribed and sworn to before me this 14th day of February, 1939

Benjamin L. Hall
NOTARY PUBLIC

In and for the City and County of San Francisco,

Notary Public.

Residing at San Francisco, California

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 28 1966

APR 28 1966

1. PLACE OF BIRTH
County of Oneida
City of Samaria
No. (Village no streets) St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
APR 8 1939
CERTIFICATE OF BIRTH
Registration District No. _____ State File No. 277460

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD GEORGE Mc CRARY DAVIS

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth Sept. 9, 1895 193_____
5. Number, in order of birth _____ Full term Yes (Month, Day, Year)

9. Full name FATHER Hyrum Eynon Davis 18. Full maiden name MOTHER Alice Victoria Mc Crary

10. Residence (usual place of abode) Samaria, Idaho 19. Residence (usual place of abode) Samaria, Idaho
(If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 34 (years) 20. Color or race White 21. Age at last birthday 22 (years)

13. Birthplace (city or place) Salt Lake City 22. Birthplace (city or place) Deweyville
(State or Country) Utah (State or Country) Utah

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Homemaker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
Three (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks 30. Cause of Stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that George Mc Crary Davis this child, who was born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) Alice Victoria Davis _____

Give name added from _____ or ALICE VICTORIA DAVIS (Mother) _____
a supplemental report _____ Address 456-22nd Ogden, Utah.

(Date of)

Registrar.

Filed _____, 193____

Registrar.

APR 8 1939



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of Utah }
County of Weber } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Alice Victoria Davis being first duly sworn says that
she is the Mother of George Mc Crary Davis
(Relationship of child)*
born September 9, 1895 at Samaria, Oneida County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said George Mc Crary Davis

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Maria Morse ~~M.D.~~ was the
medical attendant at the birth of said George Mc Crary Davis Midwife
and that
the said medical attendant is deceased

(Now deceased (or) cannot be located)

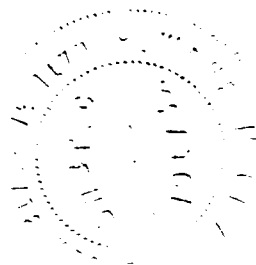
Name of Affiant Alice Victoria Davis
Alice Victoria Davis
P. O. Address 456-22nd st. Ogden, Utah

Subscribed and sworn to before me this 3rd day of April, 1939

David M. Shaw

Notary Public.

my Commission Expires June 19, 1942 Residing at Ogden Utah, Idaho.
If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.



1. ³⁸⁶⁻¹⁴¹⁻²⁷¹⁹ PLACE OF BIRTH
County of Ada
City of near Boise
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 277488

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD John Howard Thompson

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth October 19, 1895
5. Number, in order of birth _____ Full term yes (Month, Day, Year)

9. Full name FATHER Fred M. Thompson 18. Full maiden name MOTHER Amy Gardner

10. Residence (usual place of abode) Boise, Idaho 19. Residence (usual place of abode) Boise, Idaho
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 22 (years) 20. Color or race White 21. Age at last birthday 22 (years)

13. Birthplace (city or place) Calhoun, Ill. 22. Birthplace (city or place) Winfield, Kan.
(State or Country) (State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Livestock 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work October 19, 1895 17. Total time (years) spent in this work 5 years 25. Date (month and year) last engaged in this work October 19, 1895 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) one
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks } 30. Cause of Stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7: a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) Ann Thompson Powell Midwife

Address 219 Union St. Powell, City

Filed Jan. 1935
APR 1939 Registrar.

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California }
County of Placer } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
being first duly sworn says that
she is the Mrs Amy Powell mother of John Howard Thompson
(Relationship of child)*
born October 19, 1895 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
cate of birth of the said John Howard Thompson
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Januarez M. D. was the
medical attendant at the birth of said John Howard Thompson ~~Midwife~~ and that
the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Mrs Amy Thompson Powell.
P. O. Address 219 Sherman St. Roseville, Calif.

Subscribed and sworn to before me this 12th day of April, 1939

Clara Russell
Notary Public.
Residing at Roseville, Calif., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A 213-228 029-238

278482

1. PLACE OF BIRTH
County of Latah
City of Troy
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 278482

APR 22 1939

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Dorothy Elizabeth Bachman

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other <u>Twin</u> 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>April 28</u> 19 <u>39</u> (Month, Day, Year)
-------------------------	--	--	--------------------------------	--

9. Full name FATHER
Edward Bachman

10. Residence (usual place of abode)
(If non-resident, give place and State) _____

11. Color or race White 12. Age at last birthday 36 (years)

13. Birthplace (city or place)
(State or Country) Zurich
Switzerland

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Farmer

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____

16. Date (month and year)
last engaged in this work _____ 17. Total time (years) spent
in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
Fifth (5) (a) Born alive and now living _____ (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

Give name added from
a supplemental report _____
(Date of) _____

(Signed) _____, M. D.

or _____, Midwife

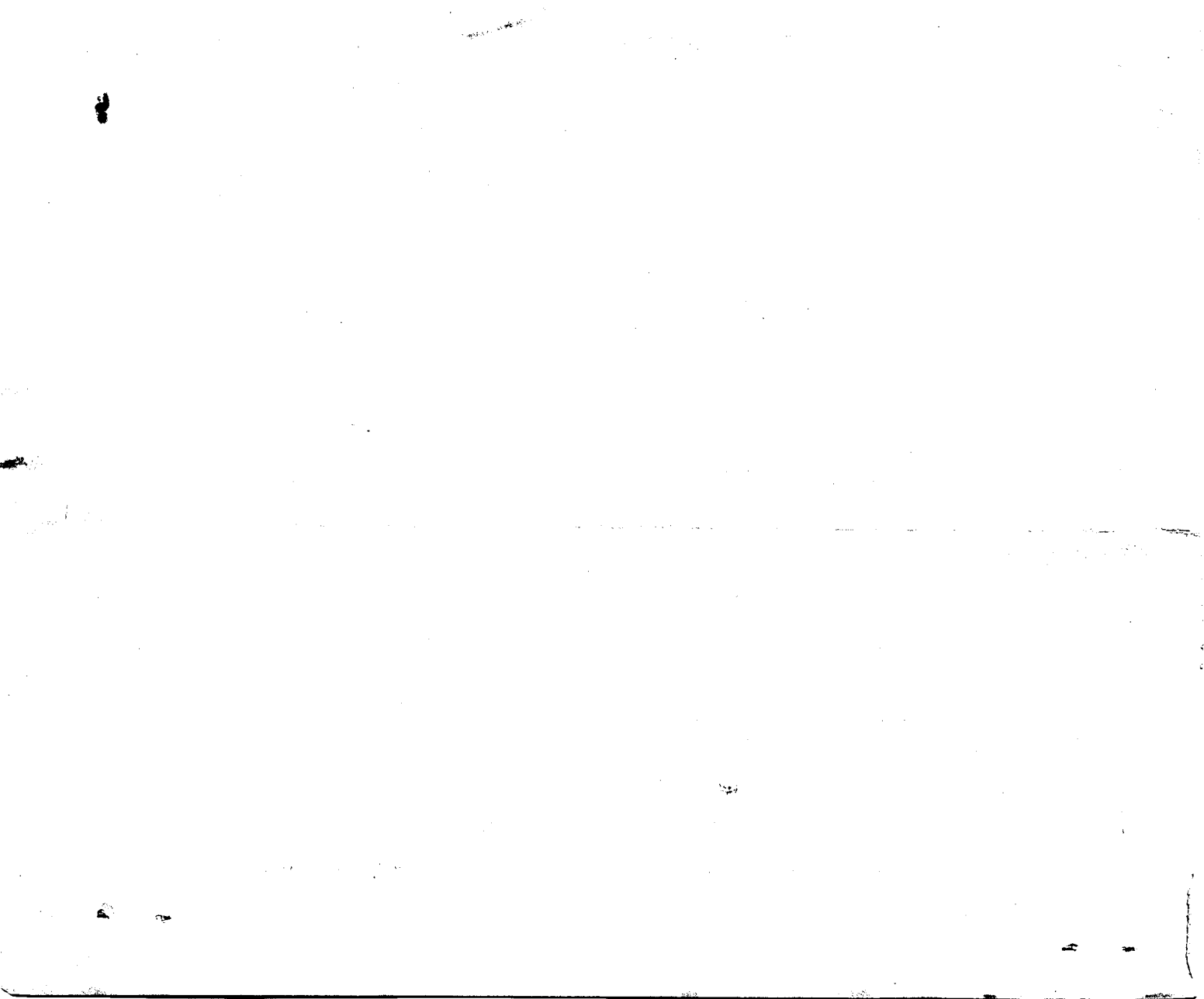
Address _____

Filed _____, 1939

Registrar.

APR 22 1939

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Latah } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Mrs. Edward Bachman being first duly sworn says that
Dorothy is the Daughter of Mr. & Mrs. Edw. Bachman
(Relationship of child)*
born April 28th 1895 at Troy, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Dorothy E. Bachman

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Rodney Oglesby M. D. was the
medical attendant at the birth of said Dorothy Bachman Midwife
he said medical attendant is Deceased and that
(Now deceased (or) cannot be located)

Name of Affiant Mrs. Selma Bachman
P. O. Address Troy, Idn. Moen

Subscribed and sworn to before me this 3 day of May, 1938

A. Brock
Notary Public.
Residing at Troy Idn, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

33

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of order of birth stated.

1. PLACE OF BIRTH 275-212		STATE OF IDAHO 278489	
County of <u>Nez Perce</u> 035313		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Leland or Postlatch</u> Country <u>Idaho</u>		BUREAU OF VITAL STATISTICS	
No. <u>Born in the home</u> St. <u>Idaho</u>		CERTIFICATE OF BIRTH 278489	
(If born in hospital or institution give name.)		Registration District No. _____ State File No. _____	
2. FULL NAME OF CHILD <u>Emma Pearl Spekker</u>		Prim. Registration District No. _____ Local Registrar's No. _____	
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? _____
	5. Number, in order of birth _____	Full term _____	mate? _____
8. Date of birth <u>Oct. 12, 1935</u> (Month, Day, Year)			
9. Full name <u>Staas Spekker</u> FATHER		18. Full maiden name <u>Mary Latch</u> MOTHER	
10. Residence (usual place of abode) <u>Moscow Idaho</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>Moscow Idaho</u> (If non-resident, give place and State)	
11. Color or race <u>white</u> 12. Age at last birthday <u>56</u> (years)		20. Color or race <u>white</u> 21. Age at last birthday <u>44</u> (years)	
13. Birthplace (city or place) <u>Hannover, Germany</u> (State or Country)		22. Birthplace (city or place) <u>Allentown, Pa.</u> (State or Country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own house</u>
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work <u>25 yrs</u>		26. Total time (years) spent in this work <u>24</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>			
28. Number of children of this mother (At time of this birth and including this child) <u>12</u> (a) Born alive and now living <u>12</u> (b) Born alive but now dead _____ (c) Stillborn _____			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { During labor _____ Before labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Mary Spekker, M.D.

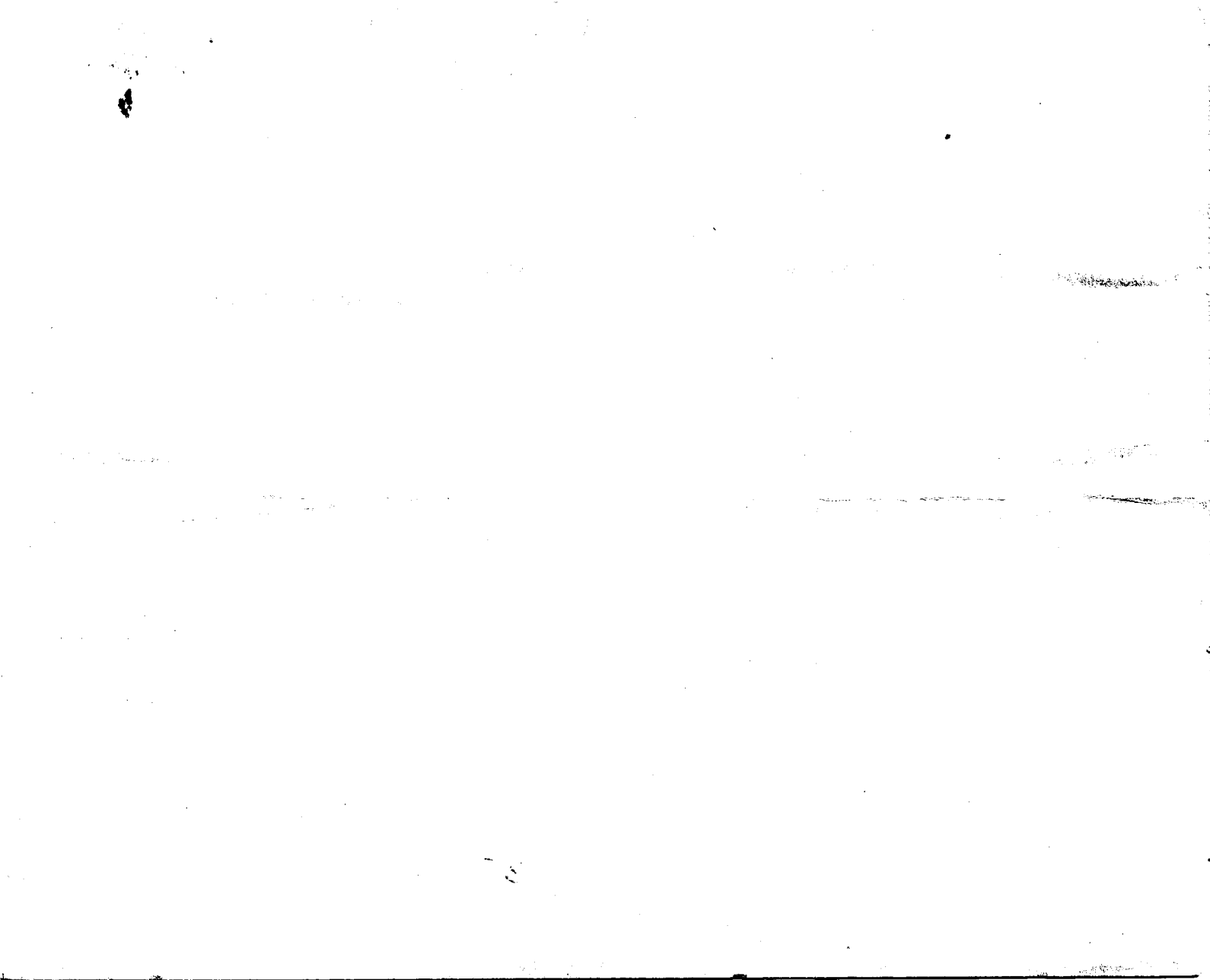
or _____

Address 3602 Mc Kenzie Ave

Filed _____

APR 24 1939

Registrar.



STATE OF IDAHO

278589

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICSState of California
County of Fresno } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Spekker being first duly sworn says that
she is the Mother of Emma Pearl Spekker
(Relationship of child)*
born Oct. 12, 1895 at Leland (Potlatch County) Idaho
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Emma Pearl Spekker
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that _____ M. D. was the
Midwife
medical attendant at the birth of said _____ and that
the said medical attendant is _____

(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

Subscribed and sworn to before me this

18th

day of

April, 19 39

Notary Public.

Residing at

Fresno California, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



1. A 943107 008 - 315
 PLACE OF BIRTH Boise, now Valley **APR 27 1939**
 County of Van Wyck, now Cascade
 City of Van Wyck, now Cascade
 No. _____ St. _____

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

278521
 278521

Registration District No. _____ State File No. _____
 (If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Richard Percy Rutledge

3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Oct. 7, 1895</u> (Month, Day, Year)
-----------------------	--	--	--------------------------------	--

9. Full name <u>James Edward Rutledge</u>	FATHER	18. Full maiden name <u>Louie Lilliette Landreth</u>	MOTHER
--	--------	---	--------

10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
---	---

11. Color or race <u>white</u>	12. Age at last birthday <u>28</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>21</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) (State or Country) <u>El Paso, Illinois</u>	22. Birthplace (city or place) (State or Country) <u>Story County, Iowa</u>
---	--

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
--	--

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>housewife</u>
--	---

16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____
---	---	---	---

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
Third (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of stillbirth _____ { Before labor _____ During labor _____
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
 (Born Alive or Stillborn)

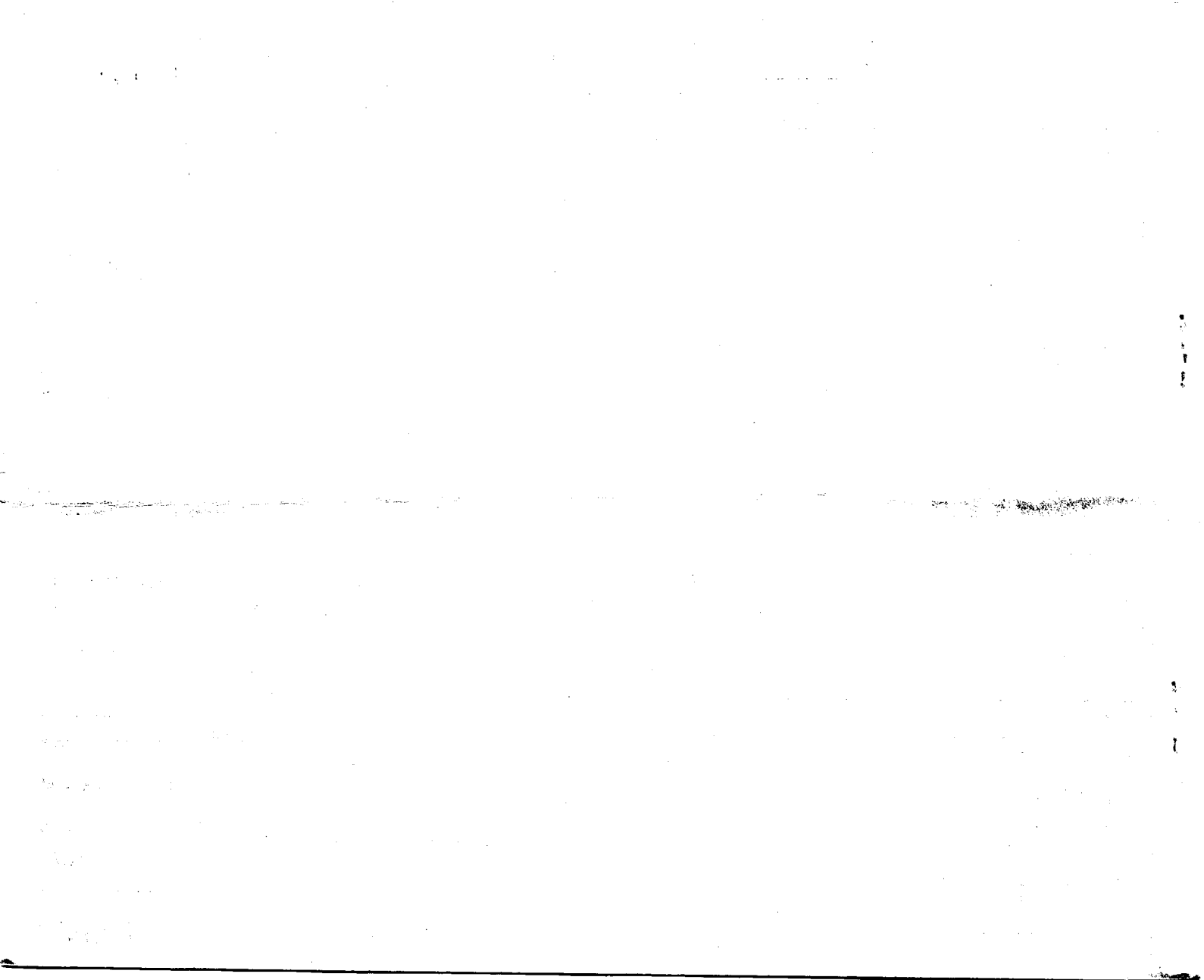
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 Give name added from a supplemental report _____

(Signed) _____, M. D.
 or _____, Midwife
 Address _____
 Filed APR 27 1939, 193____
 Registrar.

(Date of)

Registrar.

Registrar.



DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Canyon } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

James Edward Rutledge being first duly sworn says that
he is the father of Richard Percy Rutledge
(Relationship of child)*
born Oct. 7-1895 at Van Wyck now Cascade Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that James Edward Rutledge desired to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Richard Percy Rutledge
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Evans M. D. was the
medical attendant at the birth of said Richard Percy Rutledge Midwife
the said medical attendant is now deceased. and that
(Now deceased (or) cannot be located)

Name of Affiant James Edward Rutledge
P. O. Address _____

Subscribed and sworn to before me this 25 day of April, 1939

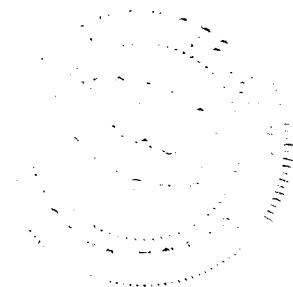
Chas. Garhammer
NOTARY PUBLIC Notary Public.

Residing at _____, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact on the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

AUG 24 1949

AUG 4 1976



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Franklin
City of Preston
No. 652129-021-515 St.

RECEIVED
MAY 15 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

278593
278593

Registration District No. _____ State File No. 278593

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Harry Allen West

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>YES</u>	8. Date of birth <u>Aug 29</u> , 19 <u>39</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>X</u>		

9. Full name of FATHER <u>Israel Josiah West</u>	18. Full maiden name of MOTHER <u>Catherine Matilda VanNoy</u>
--	--

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Preston</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Same</u>
---	--

11. Color or race <u>white</u>	12. Age at last birthday <u>36</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>34</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) (State or Country) <u>Salt Lake City Utah</u>	22. Birthplace (city or place) (State or Country) <u>Salt Lake City Utah</u>
--	--

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>H.W.</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____, 19____	25. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work _____	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother _____ (At time of this birth and including this child)
(a) Born alive and now living 7 (b) Born alive but now dead 3 (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of Stillbirth _____ { During labor _____ Before labor _____
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report Amanda West

(Date of)

(Signed) _____, M. D.

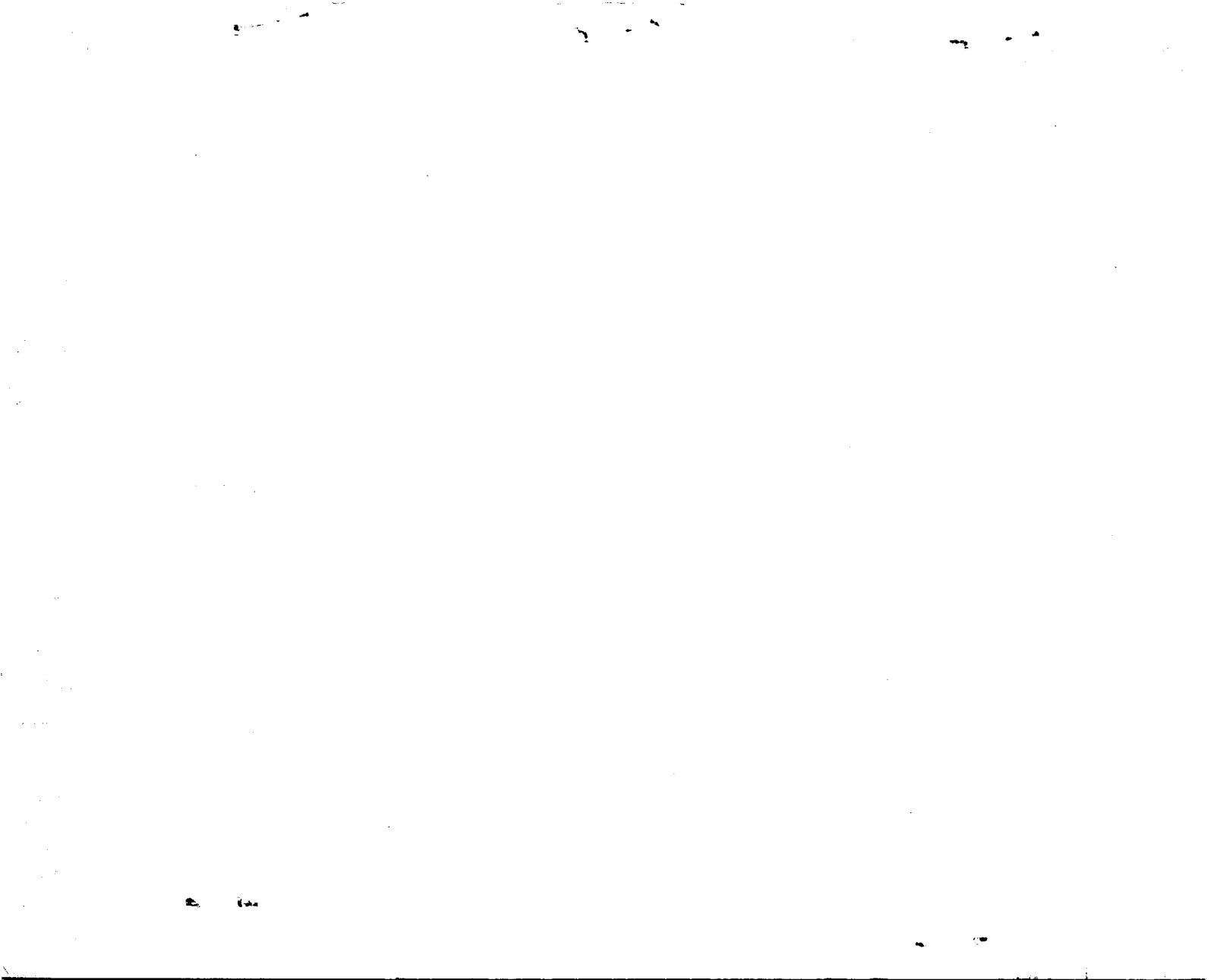
for Mary Hawkes, Midwife

Address Franklin Idaho

Filed 5/15/39, 1939

Registrar.

Registrar.



MAY 13 1939

I hereby certify that I, Amanda West Nash, am the eldest sister of Harry Allen West and that I am 62 years of age and to my knowledge Mrs. Mary Hawkes of Franklin, Idaho, now deceased was the attending mid wife at the birth of the above named Harry Allen West and that both the parents of said Harry Allen West are now deceased and that I am the oldest surviving relative.

Amanda West Nash
Weston, Idaho

Subscribed and sworn to before me this 13th day of May, 1939

Edmond Nash
Notary Public
Residing at Preston, Idaho
My Commission Expires
December 17, 1940

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A 391703 028 - 968

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		2776-3	
County of <u>Kootenai</u>		CERTIFICATE OF BIRTH		279603	
City of <u>Rathdrum</u>		Registration District No. <u>30</u>		State File No. _____	
No. _____ St. _____		(If born in hospital or institution give name.)		Prim. Registration District No. <u>2051</u> Local Registrar's No. <u>149</u>	
2. FULL NAME OF CHILD <u>Walter Carlisle Travis</u>					
3. Sex <u>Male</u>		If plural births { 4. Twin, triplet, or other _____		6. Premature _____	
		5. Number, in order of birth _____		7. Legitimate? <u>yes</u>	
				8. Date of birth <u>June 3, 1895</u> (Month, Day, Year)	
9. Full name <u>Oscar Charles Travis</u>			18. Full maiden name <u>Ina Mona Royce</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Rathdrum</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Rathdrum</u>		
11. Color or race <u>White</u> 12. Age at last birthday <u>23</u> (years)			20. Color or race <u>White</u> 21. Age at last birthday <u>31</u> (years)		
13. Birthplace (city or place) <u>Canby, Wisconsin</u> (State or Country)			22. Birthplace (city or place) <u>Clay Center, Nebraska</u> (State or Country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>		
16. Date (month and year) last engaged in this work _____			25. Date (month and year) last engaged in this work _____		
17. Total time (years) spent in this work <u>3 yrs.</u>			26. Total time (years) spent in this work _____		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____					
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn _____					
29. If stillborn, period of gestation _____ { months or weeks					
30. Cause of Stillbirth _____ { During labor. _____ Before labor. _____					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated. (Born Alive or Stillborn)					
When there was no attending physician or midwife, then the father, householder, etc., should make this return.					
Give name added from a supplemental report _____					
(Date of) _____					
Registralr. _____					
(Signed) _____, M. D.					
or _____, Midwife					
Address _____					
Filed <u>May 20</u> , 193 <u>9</u> <u>H. D. Kewenbue M. D.</u>					
Registralr. _____					

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington }
County of Spokane } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Lena M. Royce being first duly sworn says that
she is the Aunt of Walter Carlisle Travis
(Relationship of child)*
born June 3, 1895 at Rathdrum, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Walter Carlisle Travis

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. F. Wenz M. D. was the
medical attendant at the birth of said Walter Carlisle Travis Midwife
and that
the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Lena M. Royce
P. O. Address N. 4905 Market Spokane
Subscribed and sworn to before me this 18th day of May, 1939

W. H. Llewellyn
Residing at Spokane Wash. Notary Public.

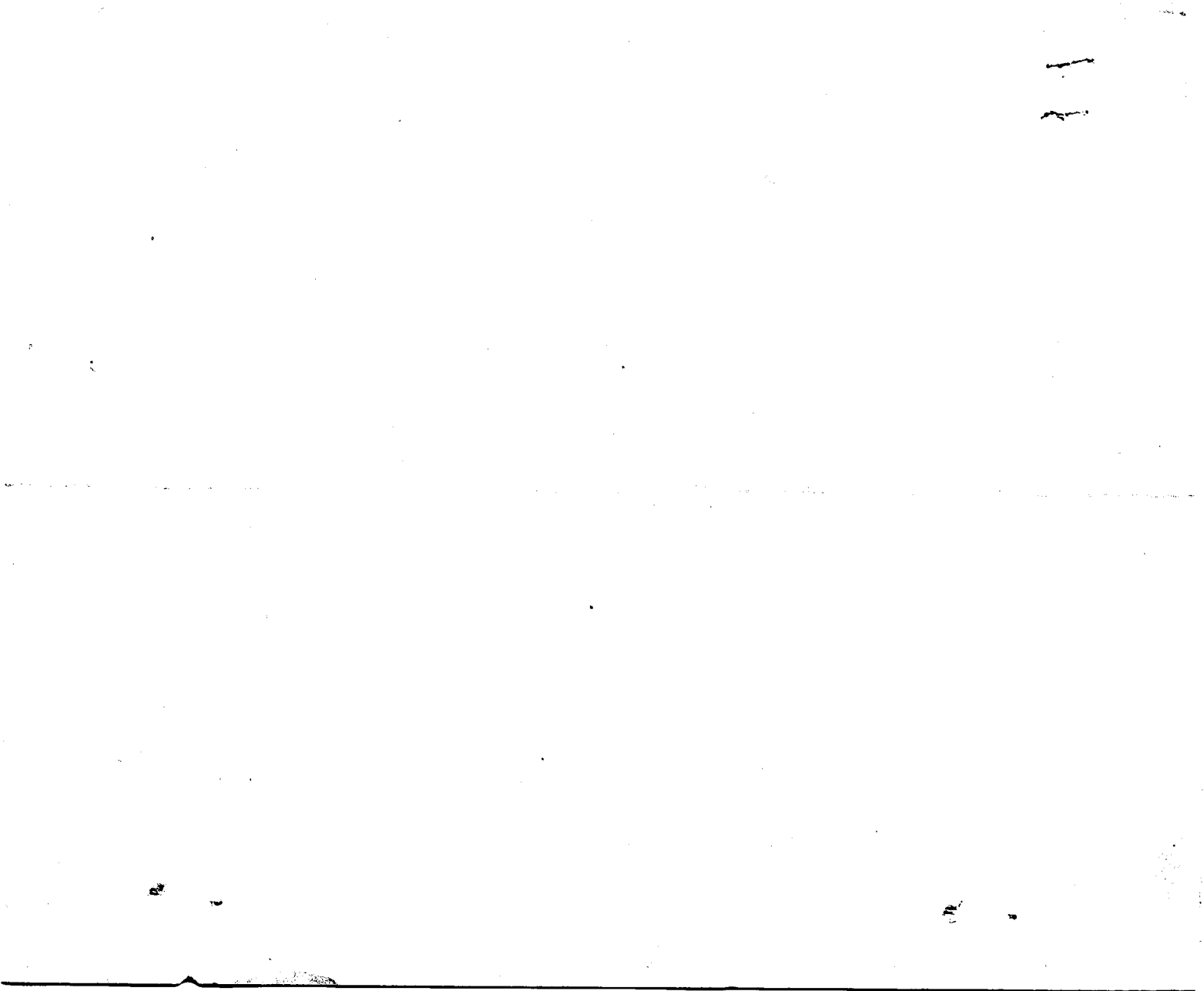
*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of child stated.

1. PLACE OF BIRTH County of <u>Fremont</u> City of <u>Rudy on Butlers Island</u> No. <u>235-230-022-864</u> St. <u>Idaho</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH		279689
(If born in hospital or institution give name.)		Registration District No. _____	State File No. _____	
2. FULL NAME OF CHILD <u>Gertrude Annie Steely</u>		Prim. Registration District No. _____		Local Registrar's No. _____
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Aug. 30</u> , 189 <u>5</u> (Month, Day, Year)
9. Full name <u>William Joseph Steely</u>		18. Full maiden name <u>Matilda Jane Youngman</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho Falls, Ida.</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho Falls, Ida.</u>		
11. Color or race <u>White</u>		12. Age at last birthday <u>42</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Bellevue Pennsylvania</u>		20. Color or race <u>White</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Teacher and Surveyor</u>		21. Age at last birthday <u>36</u> (years)		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		22. Birthplace (city or place) (State or Country) <u>Bannerville Pennsylvania</u>		
16. Date (month and year) last engaged in this work _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
17. Total time (years) spent in this work <u>16 Yrs.</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
18. Date (month and year) last engaged in this work _____		25. Total time (years) spent in this work _____		
26. Date (month and year) last engaged in this work _____				
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____				
28. Number of children of this mother (At time of this birth and including this child). <u>Three</u> (a) Born alive and now living <u>3</u> (b) Born alive but now dead _____ (c) Stillborn _____				
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { During labor, Before labor.		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE				
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>P.M.</u> on the date above stated. (Born Alive or Stillborn)				
(Signed) <u>Matilda Steely</u> (Mother)				
or _____, Midwife				
Address _____				
Filed <u>Mar. 23</u> , 193 <u>7</u>				
Registrrar. _____				

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO

County of ADA

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

MATILDA STEELY

being first duly sworn says that

SHE is the MOTHER

(Relationship of child)*

of GERTRUDE ANNIE STEELY

born AUGUST 30, 1895.

(Date of birth)

at RUDY ON BUTLERS ISLAND

, Idaho,

whose certificate of birth is hereto attached, and that SHE desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said GERTRUDE ANNIE STEELY

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that

MRS. STEWART

~~was~~ was the
Midwife

medical attendant at the birth of said

GERTRUDE ANNIE STEELY

and that

the said medical attendant is

NOW DECEASED

(Now deceased (or) cannot be located)

Name of Affiant

Matilda Steely

P. O. Address

IDAHO FALLS, IDAHO.

Subscribed and sworn to before me this

23rd

day of

March

, 1939

Peter Scherer

Notary Public.

Residing at

Boise

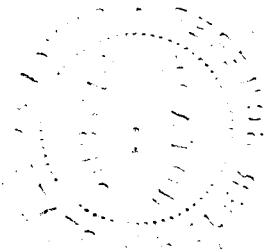
, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JAN 10 1942

JUL 25 1956

1942, 1956



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>CANYON</u> City of <u>Nampa</u> No. <u>A295-118-014815</u> St. <u>JUL 10 1939</u> (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH <u>280778</u> Registration District No. _____ State File No. _____ Prim. Registration District No. _____ Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>RALPH HOWARD KING</u>			
3. Sex <u>Male</u>	If plural births <u>4. Twin, triplet, or other</u> <u>5. Number, in order of birth</u>	6. Premature <u>Full term</u> <u>yes</u>	7. Legitimate? <u>yes</u>
8. Date of birth <u>Dec 18, 1895</u> (Month, Day, Year)			
9. Full name FATHER <u>HOWARD ELLIOTT KING</u>		18. Full maiden name MOTHER <u>CORNELIA REBECCA HANDY</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Nampa Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Nampa Idaho</u>	
11. Color or race <u>White</u> 12. Age at last birthday <u>31</u> (years)		20. Color or race <u>White</u> 21. Age at last birthday <u>31</u> (years)	
13. Birthplace (city or place) <u>Indiana County Pennsylvania</u> (State or Country)		22. Birthplace (city or place) <u>Stockton, California</u> (State or Country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>		OCCUPATION
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Clothing</u>		
	16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent * in this work _____	
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
25. Date (month and year) last engaged in this work _____, 19____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) <u>One</u> (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { Before labor _____ During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed JUL 10 1939, 193____

Registrar.

OCT 5 1953

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho }
County of Canyon } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)
Cornelia R King being first duly sworn says that
she is the mother of RALPH HOWARD KING
(Relationship of child)*
born December 18, 1895 at ampa, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said RALPH HOWARD KING

as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that F. S. Kohler M. D. was the
medical attendant at the birth of said RALPH HOWARD KING midwife
and that
the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Cornelia R King
P. O. Address 303 - 9th Ave So,ampa, Idaho

Subscribed and sworn to before me this 15th day of January, 1937

F. S. Kohler
Notary Public.

Residing at ampa, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

001 1 1 21

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

295 708 014 113

1. PLACE OF BIRTH
County of CANYON-PAYETTE
City of _____
No. _____ St. _____

RECEIVED
JUL 5 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **280791**

Registration District No. 4 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 1008 Local Registrar's No. 331 *LL*

2. FULL NAME OF CHILD WALKER ALBERT BIVENS

3. Sex Male	If plural births {	4. Twin, triplet, or other _____	6. Premature No	7. Legiti-	8. Date of 1895
		5. Number, in order of birth _____	Full term Yes	mate? Yes	birth Nov. 8, 1909 (Month, Day, Year)

9. Full name WILLIAM MOORE BIVENS	FATHER	18. Full maiden name ADA ELIZABETH JACKSON	MOTHER
---	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>CANYON-PAYETTE</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>CANYON-PAYETTE</u>
---	---

11. Color or race <u>W.</u>	12. Age at last birthday <u>30</u> (years)	20. Color or race <u>W.</u>	21. Age at last birthday <u>20</u> (years)
-----------------------------	--	-----------------------------	--

13. Birthplace (city or place) (State or Country) <u>Union Oregon</u>	22. Birthplace (city or place) (State or Country) <u>Falk's Store Canyon-Payette Co. Idaho</u>
--	---

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
------------	--	------------	---

OCCUPATION	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	OCCUPATION	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
------------	--	------------	--

16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____
---	---	---	---

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 2.
(a) Born alive and now living 2. (b) Born alive but now dead 0. (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks	30. Cause of stillbirth _____
---	-------------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

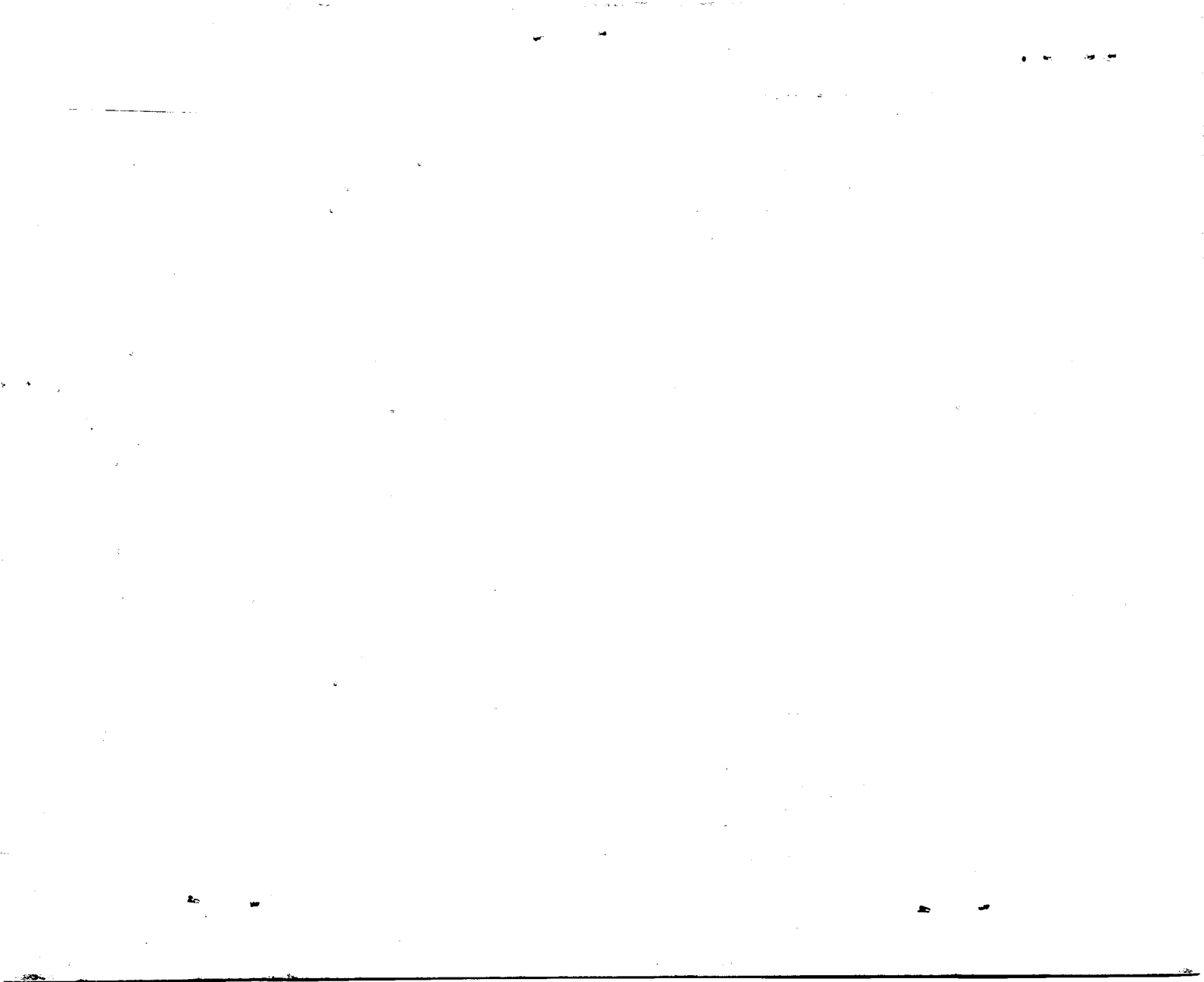
I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Date of)

(Signed) _____, M. D.
or Georgia Lindurg Bivens, Midwife
Address PAYETTE, IDAHO
Filed 7/3/39, 193 J. C. Woodward
Registrar

Registrar



C. A. BOTTOLFSSEN, GOVERNOR
EMORY AFTON, COMMISSIONER
DEPARTMENT OF PUBLIC WELFARE
E. L. BERRY, M. D., DIRECTOR
DIVISION OF PUBLIC HEALTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BOISE

BOARD OF PUBLIC WELFARE
FRANK ENSIGN, BOISE
T. S. KERR, MOSCOW
I. E. ROCKWELL, BELLEVUE
L. O. NICHOLS, BOISE
FRANK ATKINS, BUHL

Jan. 3, 1941

#280791

Mrs. Georgina Ludwig Bivens
Payette, Idaho.

Dear Mrs. Bivens:

We have had inquiry concerning the birth certificate of Walker Albert Bivens, date of birth given was Nov. 8, 1896 and the birthdate should have been 1895.

As you were the attendant at this birth, we must have your authorization to change the date in birth, and a notation on the bottom of this letter will be satisfactory, and returned.

Thanking you, we are,

Very truly yours,

BUREAU OF VITAL STATISTICS

Mae G. Atwood
Mae G. Atwood, Director

PBA

*The correct birth date of
Walker Albert Bivens is
Nov 8-1895*

Yours truly -

Mrs. Georgina Ludwig Bivens

RECEIVED
JAN 3 1941

0961 91 030

285-121-007-6931
PLACE OF BIRTH

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

282946

282946

AUG 18 1939

CERTIFICATE OF BIRTH

1. County of Blaine
City of Hailey
No. Born at home. St.

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Loc^{al} Registrar's No. _____

2. FULL NAME OF CHILD Charles Joseph Sherry Jr.

3. Sex M. If plural births { 4. Twin, triplet, or other one 6. Premature _____ 7. Legiti-
mate? yes 8. Date of birth Mar 21, 1895
(Month, Day, Year)

9. Full name FATHER Charles Joseph Sherry 18. Full maiden name MOTHER Annie Maria Williamson
10. Residence (usual place of abode) (If non-resident, give place and State) Hailey, Ida 19. Residence (usual place of abode) (If non-resident, give place and State) Hailey, Ida
11. Color or race white 12. Age at last birthday 33 (years) 20. Color or race white 21. Age at last birthday _____ (years)
13. Birthplace (city or place) (State or Country) _____ 22. Birthplace (city or place) (State or Country) _____

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. mine 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ✓
16. Date (month and year) last engaged in this work July, 1937 17. Total time (years) spent in this work miner all his life 25. Date (month and year) last engaged in this work ✓ 19. _____ 26. Total time (years) spent in this work ✓

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Don't know.

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation { months or weeks } 30. Cause of Stillbirth { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) C. J. Sherry Jr. Father

or _____, Midwife

Address Fairfield, Idaho

Filed AUG 18 1939, 193. Mae S. Atwood Registrar.

Registrar.

64 207 41

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho }
County of Lamas } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Miss Anne M. Sherry being first duly sworn says that
she is the mother of Charles Joseph Sherry Jr.
(Relationship of child)*
born March 21 1895 at Hailey, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Charles Joseph Sherry Jr.
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Charles Joseph Sherry Jr. M. D. was the
medical attendant at the birth of said Charles Joseph Sherry Jr. Midwife and that
the said medical attendant is Charles Joseph Sherry Jr.

(Now deceased (or) cannot be located)

Name of Affiant Miss Anne M. Sherry

P. O. Address Fairfield, Idaho

Subscribed and sworn to before me this 20th day of July, 1939

John F. Edwards
CLERK OF DISTRICT COURT Notary Public.

Residing at Fairfield, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

819-701-035 2453

1. PLACE OF BIRTH
County Pay Pese
City Lewiston
No. E. main St.

DEC 20 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

286591

Registration District No. 22 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 96 Local Registrar's No. _____

2. FULL NAME OF CHILD Otis Edmond Harrington

3. Sex Male If plural births { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legiti-
mate? yes 8. Date of birth Nov. 1, 1895
(Month, Day, Year)

9. Full name FATHER
Ellsworth Miles Harrington

18. Full maiden name MOTHER
Annis Emily Debol

10. Residence (usual place of abode)
(If non-resident, give place and State) Lewiston, Ida

19. Residence (usual place of abode)
(If non-resident, give place and State) Lewiston, Ida

11. Color or race W 12. Age at last birthday 25 (years)

20. Color or race W 21. Age at last birthday 21 (years)

13. Birthplace (city or place)
(State or Country) _____

22. Birthplace (city or place)
(State or Country) _____

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanical engineer

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____, 19____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____, 19____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation { months or weeks } 30. Cause of Stillbirth { During labor. _____ Before labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Born Alive or Stillborn) _____
(Signed) E. M. Harrington, M. D.
or (father), Midwife

Give name added from a supplemental report _____
(Date of) _____

Address _____
Filed Dec. 18, 1939 Mar. M. Hansen, M.D.
Registrar. Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho }
County of Myer } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
E. M. Harrington being first duly sworn says that
he is the father of Otis Edmond Harrington
(Relationship of child)*
born November 1, 1895 at Lewiston, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that E. M. Harrington desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Otis Edmond Harrington
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. J. B. Morris M. D. was the
medical attendant at the birth of said Otis Edmond Harrington Midwife
the said medical attendant is now deceased and that
(Now deceased (or) cannot be located)

Name of Affiant E. M. Harrington
P. O. Address Kenner, Idaho

Subscribed and sworn to before me this 16 day of December, 1939.

Philip Weisgerber
CLERK OF THE DISTRICT COURT AND Notary Public.
Residing at EX OFFICIO AUDITOR AND RECORDER, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg
No. Silver St.
A784-224 040-693

(If born in hospital or institution give name.)

RECEIVED
DEC 6 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 123 State File No. 286622

Prim. Registration District No. 2201 Local Registrar's No. 163

2. FULL NAME OF CHILD CONSTANCE LIBERTATIA GYDE

3. Sex <u>F.</u>	If plural births {	4. Twin, triplet, or other.....	6. Premature.....	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>9/24/</u> <u>1895</u> (Month, Day, Year)
		5. Number, in order of birth.....	Full term <u>X</u>		

9. Full name FATHER
JAMES ELLSWORTH GYDE
10. Residence (usual place of abode)
(If non-resident, give place and State) Kellogg, Idaho
11. Color or race W. | 12. Age at last birthday 31 (years)
13. Birthplace (city or place) Jones County, Iowa.
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work 9/24 1895
17. Total time (years) spent in this work 5 yrs.

18. Full maiden name MOTHER
SABELLE WITHROW
19. Residence (usual place of abode)
(If non-resident, give place and State) Kellogg, Idaho
20. Color or race W. | 21. Age at last birthday 29 (years)
22. Birthplace (city or place) Salem, Iowa
(State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work 9/24 1895, 19____
26. Total time (years) spent in this work 1 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child)
One, including this child (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation..... { months or weeks
30. Cause of stillbirth..... { Before labor.....
During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 Am. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.....

(Date of)

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed Nov. 13, 1939 Ans. Helen M. Bride

Registrar.

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of..... IDAHO }
County of..... SHOSHONE } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

..... SABELLE WITHROW GYDE being first duly sworn says that
..... she is the mother of CONSTANCE LIBERTATIA GYDE
(Relationship of child)*
born..... September 24, 1895 at Kellogg Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Constance Libertatia Gyde

..... hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that DR. HUGH FRANCE M. D. was the
Midwife
medical attendant at the birth of said Constance Libertatia Gyde and that
the said medical attendant is now deceased.

(Now deceased (or) cannot be located)

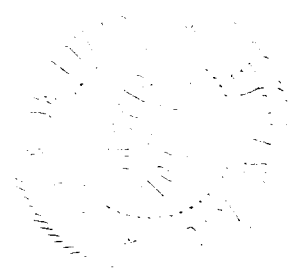
Name of Affiant *Sabelle Withrow Gyde*
P. O. Address..... 25 Bank Street, Wallace, Idaho.....

Subscribed and sworn to before me this 8th day of November, 1939.

Jalbayne
Notary Public.
Residing at Wallace Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

2/1/2



WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. N. B.--In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO		288839	
County of LATAM		DEPARTMENT OF PUBLIC WELFARE			
City of MOSCOW IDAHO		BUREAU OF VITAL STATISTICS			
No. Born on ranch St. 3 1/2 miles N. E. of Moscow		FEB 1 1940		CERTIFICATE OF BIRTH 288839	
Registration District No.		State File No.			
(If born in hospital or institution give name.)		Prim. Registration District No.		Local Registrar's No.	
2. FULL NAME OF CHILD ROBERT JAY HOWARD					
3. Sex Male	If plural births	4. Twin, triplet, or other.	6. Premature.	7. Legiti- mate yes	8. Date of birth Aug 4, 1895 (Month, Day, Year)
9. Full name FATHER Charles Augustus Samuel Howard			18. Full maiden name MOTHER Alice Reames Howard		
10. Residence (usual place of abode) (If non-resident, give place and State) Moscow Idaho			19. Residence (usual place of abode) (If non-resident, give place and State) Moscow Ida		
11. Color or race W			12. Age at last birthday 24 (years)		
13. Birthplace (city or place) (State or Country) Battle Creek Michigan			22. Birthplace (city or place) (State or Country) Springfield Illinois		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home		
16. Date (month and year) last engaged in this work			25. Date (month and year) last engaged in this work		
19.			19.		
17. Total time (years) spent in this work 14			26. Total time (years) spent in this work 10		
27. What prophylactic was used to prevent Ophthalmia Neonatorum?					
28. Number of children of this mother (At time of this birth and including this child) Four (a) Born alive and now living 4 (b) Born alive but now dead. (c) Stillborn					
29. If stillborn, period of gestation. { months or weeks					
30. Cause of Stillbirth { Before labor. During labor.					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was Born Alive at m. on the date above stated. (Born Alive, or Stillborn)					
(Signed) Alice Reames Howard Mother					
or					
Address					
Filed Feb 1, 1940					
Registrar.					

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report.

(Date of)

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

FEB 1 1940

State of California }
County of Los Angeles } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Alice Reams Howard being first duly sworn says that
she is the mother of Robert Jay Howard
(Relationship of child)*
born August 4, 1895 at Moscow, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
ficate of birth of the said Robert Jay Howard

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Watkins M. D. was the
Mrs. Lucien Towne Midwife
medical attendant at the birth of said Robert Jay Howard and that
the said medical attendant is deceased

(Now deceased (or) cannot be located)

Yujunga Calif Name of Affiant X Alice Reams Howard
P. O. Address 19252 March Ave

Subscribed and sworn to before me this 18th day of February, 1940

H. C. GEYER
NOTARY PUBLIC in and for the County
of Los Angeles. State of California.

Residing at Yujunga, California, Idaho.
Notary Public.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

714 206 025-314
PLACE OF BIRTH
County of Idaho
City of Cottonwood
No. _____ St. _____
Registration District No. _____ State File No. 288884
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____
2. FULL NAME OF CHILD Madge Helen Paul
3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature yes 7. Legitimate? yes 8. Date of birth June 6 1895
5. Number, in order of birth _____ Full term _____ mate? _____ (Month, Day, Year)
9. Full name William Paul FATHER 18. Full maiden name Emma Bell Lamb MOTHER
10. Residence (usual place of abode) Cottonwood 19. Residence (usual place of abode) Cottonwood
(If non-resident, give place and State) (If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 47 (years) 20. Color or race White 21. Age at last birthday 35 (years)
13. Birthplace (city or place) Pike County Illinois 22. Birthplace (city or place) Douglas County Illinois
(State or Country) (State or Country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
6 (a) Born alive and now living 5 (b) Born alive but now dead one (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 10 P.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Date of) _____
Registrar.

(Signed) _____, M. D.
or Mrs. Laura C. Collier, Midwife
Address Cottonwood Idaho
Filed Feb 16 1940 Max L. Atwood
Registrar.

APR 24 1944

216-107 014-313

289983

1. PLACE OF BIRTH
 County of Canyon
 City of Caldwell
 No. (House not numbered) St.

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 289983

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Daniel C. Brown

3. Sex M. If plural births { 4. Twin, triplet, or other _____ 6. Premature No 7. Legiti-
 mate? yes 8. Date of birth 4-9 1895
 (Month, Day, Year)

9. Full name FATHER Francis Asberry Brown 18. Full name MOTHER Ida Elmore Callaway
 10. Residence (usual place of abode) Caldwell Idaho 19. Residence (usual place of abode) Caldwell Idaho
 (If non-resident, give place and State) 20. Color or race W 21. Age at last birthday 39 (years)
 11. Color or race W 12. Age at last birthday 36 (years)
 13. Birthplace (city or place) not known 22. Birthplace (city or place) near Star Idaho
 (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mining 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. work in mines 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
 16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? nothing
 28. Number of children of this mother (At time of this birth and including this child) 4 dead 3 living
 (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 0
 29. If stillborn, period of gestation _____ { months _____ or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9 p. m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) A. F. Latham, M. D.

or _____, Midwife

Address Caldwell, Idaho

Filed Mar. 6, 1930 Mar. 6, 1930 Registrar. L. B.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B. In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



STATE OF IDAHO

289983

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho }
County of Ada } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary A. Callaway-Japhin being first duly sworn says that
she is the aunt of Daniel C. Brown
(Relationship of child)*
born April 9-1895 at Caldwell, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that Daniel C. Brown desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Daniel C. Brown
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that A. F. Isham, M. D., was the
Midwife

medical attendant at the birth of said Daniel C. Brown and that

the said medical attendant is deceased
(Now deceased (or) cannot be located)

Francis A. Berry Brown is living,
but divorced from wife for about 25 years.
Ida E. Brown died Aug. 9-1935.

Name of Affiant Mary A. Callaway-Japhin

P. O. Address 308 State Street Boise, Idaho.

Subscribed and sworn to before me this 6th day of March, 1940

Comm. Expires
5-19-41

[Signature]
Notary Public.

Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF Idaho)
COUNTY OF Ada) SS.

AFFIDAVITS FOR CORRECTION
OF A RECORD

Mary A. Callaway-Joplin of Base Idaho
Being first duly sworn, deposes and says that she is a maternal aunt
(if related, specify degree,
of Daniel P. Trovorn
if friend or otherwise, so state)
who was born in the city of Caldwell, County of Ada
(was born, died)
on the 9th day of April, 1895, as stated in a certificate of birth
birth or
death filed by Mary A. Callaway-Joplin
(name of physician or midwife, or undertaker for death)
with the Local Registrar for the city of _____, County of _____
Idaho, on the _____ day of _____ 19 ____.

That the following facts set forth in said certificate are not correctly
stated therein, to wit: Date of birth given as 4-9-1893 (when
it should have been given as April 9-1895)

That affiant upon her own knowledge states the true facts to be,
his, her
and the changes necessary to make the record correct are, as follows: _____

Date of birth - April 9-1895

(Seal)

Affiant Mary A. Callaway-Joplin
Address 308 State, Base Idaho.

Subscribed and sworn to before me this 30 day of March 1940

[Signature]
Notary Public

STATE OF Idaho)
COUNTY OF Ada) SS.

Mary A. Callaway-Joplin of Base, Idaho
being first duly sworn, deposes and says that she has knowledge of the facts
hereinbefore alleged and that the said facts as stated are true.

Affiant Mary A. Callaway-Joplin
Address 308 State, Base Idaho

Subscribed and sworn to before me this 30 day of March 1940

(Seal)

[Signature]
Notary Public

290000 12

1. PLACE OF BIRTH
 County of Canyon
 City of Payette
 No. 419 112 014 731 St.

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

290000

(If born in hospital or institution give name.) Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Ernest Frederick Marquardsen

3. Sex Male If plural births { 4. Twin, triplet, or other..... 5. Number, in order of birth.....
 6. Premature..... Full term.....
 7. Legiti- mate? yes
 8. Date of birth Apr. 18, 1895
 (Month, Day, Year)

9. Full name FATHER Frederick Christian Marquardsen
 18. Full maiden name MOTHER Emma Jane Platt

10. Residence (usual place of abode) Payette
 (If non-resident, give place and State)
 19. Residence (usual place of abode) Payette
 (If non-resident, give place and State)

11. Color or race W | 12. Age at last birthday 32 (years)
 20. Color or race W | 21. Age at last birthday 20 (years)

13. Birthplace (city or place) Germany
 (State or Country)
 22. Birthplace (city or place) Indiana
 (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work
 17. Total time (years) spent in this work
 25. Date (month and year) last engaged in this work
 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 1
 (a) Born alive and now living one (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... { months or weeks
 30. Cause of Stillbirth..... { During labor..... Before labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 2 AM at Payette m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

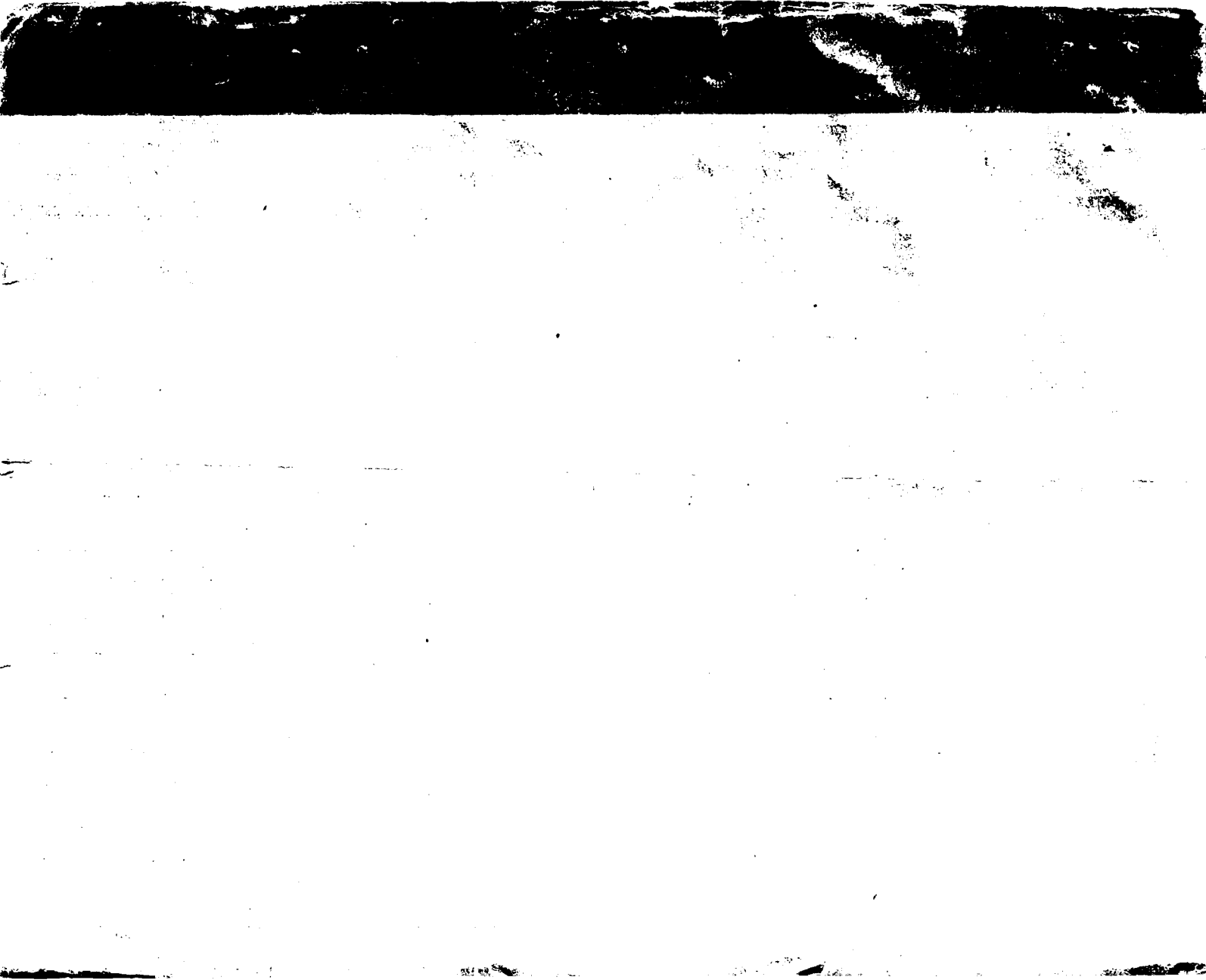
Give name added from a supplemental report.....

(Born Alive or Stillborn)
 (Signed) Ernest F. Marquardsen, M. D.
 or (Christian), Midwife

Address Payette

Filed Mar 11, 1940 Mar J. Alwood
 Registrar.

Registrar.



STATE OF IDAHO

390000

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of.....Idaho.....
County of.....Twin Falls.....

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Emma Jane Marquardsen.....being first duly sworn says that
she is the the Mother of Ernest Frederick Marquardsen
(Relationship of child)*
born Apr 18th 1895. at Payette. Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ernest Frederick Marquardsen
hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr Hamilton of Payette Id., M. D., was the Midwife
medical attendant at the birth of said Ernest Frederick Marquardsen and that
the said medical attendant is Now deceased

(Now deceased (or) cannot be located)

Name of Affiant

Mrs Emma Jane Marquardsen
Buhl. Idaho.

P. O. Address

Subscribed and sworn to before me this

9

day of

March

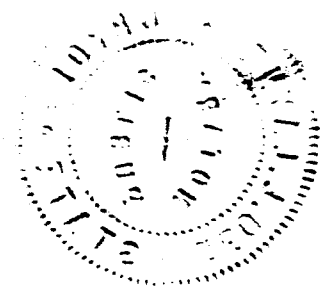
19

40

Notary Public.

Residing at Buhl. Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



347 210 018 795

290021

1. PLACE OF BIRTH
 County of Clearwater
 City of Wesley
 No. R. R. St.
 STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH
 Registration District No. _____ State File No. 290021

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Tupper, Inez Eloise

3. Sex F If plural births { 4. Twin, triplet, or other 1 5. Number, in order of birth 1 6. Premature _____ 7. Legitimate? yes 8. Date of birth Sept. 10 1895 (Month, Day, Year)

9. Full name FATHER Tupper, Hiram Maynor 18. Full maiden name MOTHER Greer, Linna Lora
 10. Residence (usual place of abode) (If non-resident, give place and State) Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
 11. Color or race W 12. Age at last birthday 34 (years) 20. Color or race W 21. Age at last birthday 23 (years)
 13. Birthplace (city or place) (State or Country) Uman, Michigan 22. Birthplace (city or place) (State or Country) Chippewille, Ohio

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. none
 16. Date (month and year) last engaged in this work Dec 1936 17. Total time (years) spent in this work 44 25. Date (month and year) last engaged in this work Nov 28 1937 26. Total time (years) spent in this work 44

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none
 28. Number of children of this mother (At time of this birth and including this child) 3 (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0
 29. If stillborn, period of gestation _____ { months or weeks 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8.8 m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Raymond E. Tupper (Uncle) Midwife

Give name added from a supplemental report _____ (Date of) _____

Address 1118-10th St Lewiston Idaho
 Filed Mar. 14 1938 Registrar Mar. J. Anwood

Registrar.

Stat 151745

Registrar.

2

STATE OF IDAHO

390021

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

MAR 14 1940

State of Idaho
County of Clearwater

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

being first duly sworn says that
is the uncle of Mrs. Elvise Supper
(Relationship of child)*
born September 10 - 1895 at Weippe, Idaho,
(Date of birth)whose certificate of birth is hereto attached, and that desires to have the said birth
recorded under Chapter 189—1937 ~~Statutes~~ Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Supper, Mrs. Elvise (Father dead, mother's
address unknown) hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.Affiant further states that Dr. Reese, Teland, Idaho M. D. was the
medical attendant at the birth of said Mrs. Elvise Supper Midwife
the said medical attendant is deceased and that
(Now deceased (or) cannot be located)Name of Affiant Byron B. Supper (uncle)
P. O. Address 1118 410th St Lewiston IdaSubscribed and sworn to before me this 23rd day of January, 1940

My commission

expires March 20, 1940

Notary Public.
Residing at Lewiston, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

AUG 18 1957

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of mor. than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1/231-002-276
PLACE OF BIRTH
County of Blaine
City of Hailey
No. _____ St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

291075

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Milton Everett Blair

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legiti- mate? yes 8. Date of birth Aug 21, 1995 (Month, Day, Year)

9. Full name FATHER Samuel Mills Blair
10. Residence (usual place of abode) (If non-resident, give place and State) Hailey, Ida
11. Color or race W 12. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Shelby Co. Iowa

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19____

18. Full maiden name MOTHER Ida May Spooner
19. Residence (usual place of abode) (If non-resident, give place and State) Hailey, Ida
20. Color or race W 21. Age at last birthday 18 (years)
22. Birthplace (city or place) (State or Country) Placerville, Idaho

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____, 19____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living Blair (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed March, 1990

Registrar.



STATE OF IDAHO

291075

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho }
County of Ada } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

E. L. Abbott being first duly sworn says that
is the uncle of Milton Everett Blair
(Relationship of child)*
born August 21st. 1895 at Hailey, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Milton Everett Blair
hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Anna Spooner, M. D., was the
medical attendant at the birth of said Milton Everett Blair Midwife and that
the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant E. L. Abbott
P. O. Address Route 6, Boise, Idaho

Subscribed and sworn to before me this 20th day of April, 1940

F. H. Gagers
Notary Public.
Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1100 1996

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD! N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Gwm
No. 395 228 040 413 St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Jennie Florence Linn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

292267

292267

Registration District No. _____ State File No. _____

Prim. Registration District No. 140 Local Registrar's No. 86

3. Sex <u>F</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Feb 28-1895</u> (Month, Day, Year)
--------------------	--	--	--------------------------------	--

9. Full name <u>Ole H Linn</u> FATHER	18. Full maiden name <u>Anna K Mattson</u> MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Wallace</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Norway</u>

11. Color or race W | 12. Age at last birthday 24 (years)

13. Birthplace (city or place)
(State or Country) Sweeden

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>H.W.</u>
---	--

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
--	--

16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work <u>5 yrs</u>	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work <u>1 yr.</u>
---	--	---	--

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of stillbirth _____ { Before labor _____ During labor _____
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 9P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.

or Miss Florence Mogstad, Midwife

Address _____

Filed May 7, 1995 John A. Buer

Registrar.

100000

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

292267

State of Idaho }
County of Shoshone } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

S. H. Linn being first duly sworn says that

He is the uncle of Jennie Florence Linn
(Relationship of child)*

born Feb. 28 1895 at Jun, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Jennie Florence Linn

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Miss Charlotte Mogstad M. D. was the
medical attendant at the birth of said Jennie Florence Linn Midwife
the said medical attendant is deceased and that

(Now deceased (or) cannot be located)

Name of Affiant S. H. Linn

P. O. Address Wallace Ida

Subscribed and sworn to before me this 6 day of May, 1940

Elizabeth E. Ward
Notary Public.

Residing at Wallace Ida, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1921
93
—
28

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

852-221-206-852

1. PLACE OF BIRTH County of <u>Bingham County,</u> City of <u>Blackfoot</u> No. <u>At Riverside, 5 miles</u> St. <u>from Blackfoot</u> (If born in hospital or institution give name.)		2. FULL NAME OF CHILD <u>Eva B. Heslop</u>	
3. Sex <u>girl</u> If plural births { 4. Twin, triplet, or other <u>single</u> 5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>July 21, 1927</u> (Month, Day, Year)
9. Full name of FATHER <u>William Heslop, deceased</u>		10. Full name of MOTHER <u>Charlotte Maria Heslop</u>	
11. Residence (usual place of abode) (If non-resident, give place and State) <u>Riverside, Idaho</u>		12. Residence (usual place of abode) (If non-resident, give place and State) <u>Riverside, California</u>	
13. Color or race <u>white</u>	14. Age at last birthday <u>88</u> (years)	15. Color or race <u>white</u>	16. Age at last birthday <u>83</u> (years)
17. Birthplace (city or place) (State or Country) <u>Yorkshire England</u>		18. Birthplace (city or place) (State or Country) <u>Chicago Illinois</u>	
19. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		20. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
21. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>no</u>		22. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>no</u>	
23. Date (month and year) last engaged in this work <u>May 6 1927, died</u>		24. Total time (years) spent in this work <u>45</u>	
25. Date (month and year) last engaged in this work _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>6</u> (b) Born alive but now dead <u>3</u> (c) Stillborn _____			
29. If stillborn, period of gestation _____ months or weeks		30. Cause of Stillbirth _____ Before labor _____ During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed May, 1927

Registrar.

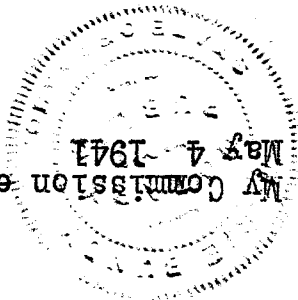
State of Idaho
County Bonneville, SS:

Mamie Belin, being first duly sworn on her oath says,
that she is the daughter of the said Charlotte M. Heslop,
that she has read the foregoing birth certificate since the same
was filled in with the answers to the questions therein contained
and knows the contents thereof, and that the same is true of her own
knowledge.

Subscribed and sworn to before me this the 10th day of May 1940

Mamie Belin
Notary Public
Residence Idaho Falls, Idaho

My Commission expires
May 4, 1941



1. PLACE OF BIRTH
 County of My. Bace
 City of Lewiston
 No. 793 210 035 234 St.

MAY 29 1940

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293375

Registration District No. 220 State File No. _____(If born in hospital or institution give name.) Prim. Registration District No. 46 Local Registrar's No. _____2. FULL NAME OF CHILD Mellie Louise Gilman

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth May 10, 1940
 5. Number, in order of birth _____ Full term yes (Month, Day, Year)

9. Full name FATHER Dudley Gilman
 10. Residence (usual place of abode) Lewiston Idaho
 (If non-resident, give place and State)
 11. Color or race W 12. Age at last birthday 28 (years)

13. Birthplace (city or place) Idaho
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deputy Sheriff
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19____

18. Full maiden name MOTHER Frances Levenia Stanger
 19. Residence (usual place of abode) Lewiston Idaho
 (If non-resident, give place and State)
 20. Color or race W 21. Age at last birthday 23 (years)

22. Birthplace (city or place) Pennsylvania
(State or Country)

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____, 19____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks } 30. Cause of stillbirth _____ { Before labor. _____ During labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at _____ m. on the date above stated.

(Born Alive or Stillborn)

(Signed) Francis R. Gilman, M.D.

or _____ (Midwife) _____

Address 2012-8th Ave. Lewiston, IdahoFiled May 28, 1940 Frank M. Gilman, M.D.

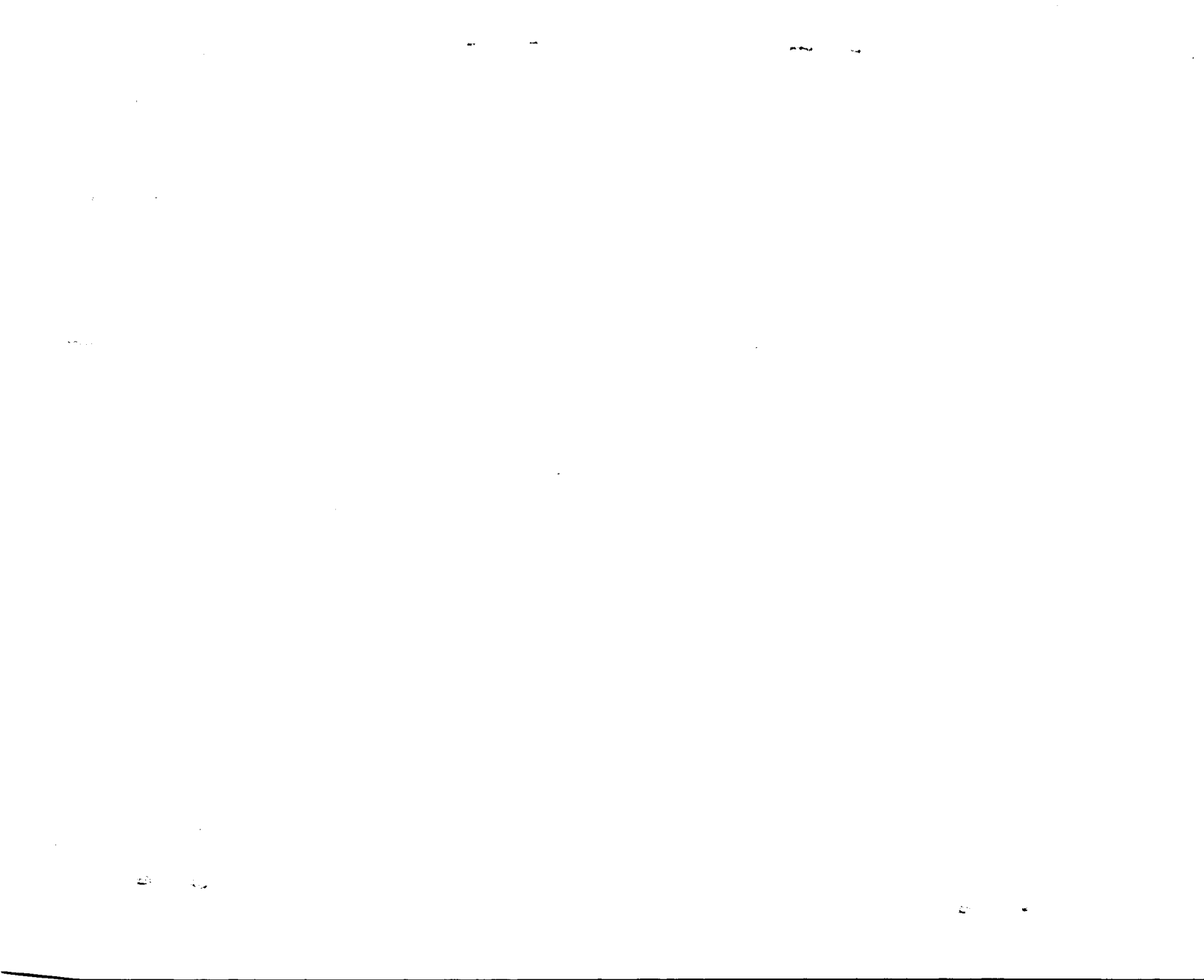
Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

MAY 29 1940

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Francis L. Gilman being first duly sworn says that

she is the mother of Nellie Louise Gilman
(Relationship of child)*

born May 10, 1895 at Lewiston, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Francis L. Gilman desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Nellie Louise Gilman

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that unknown M. D. was the
medical attendant at the birth of said Nellie Louise Gilman Midwife
and that the said medical attendant is unknown

(Now deceased (or) cannot be located)

Name of Affiant Francis L. Gilman

P. O. Address 2012 - 8th Avenue, Lewiston, Idaho

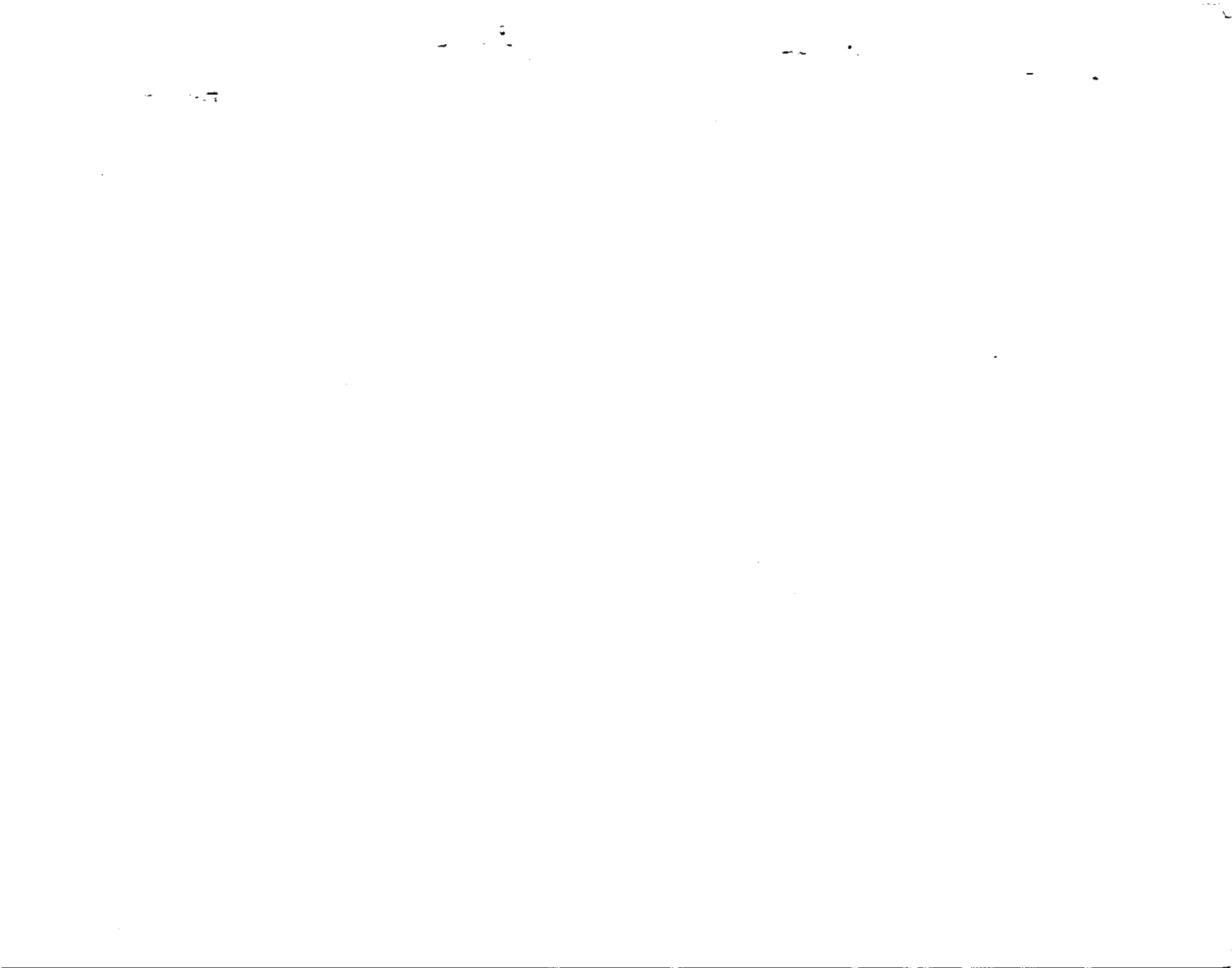
Subscribed and sworn to before me this 28th day of May, 1940

Notary Public

Residing at Lewiston, Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Ray E. Smith, Deputy



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

465-127 036819

293468

1. PLACE OF BIRTH
County of Oneida
City of Preston
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293468

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Vernon Lewis Monson

3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other <u>twin</u> 5. Number, in order of birth <u>#</u>	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>April 27, 1895</u> (Month, Day, Year)
-----------------------	---	--	--------------------------------	---

9. Full name FATHER
Hans Monson

18. Full maiden name MOTHER
Esther Ellen Harris

10. Residence (usual place of abode)
(If non-resident, give place and State)

19. Residence (usual place of abode)
(If non-resident, give place and State)

11. Color or race white | 12. Age at last birthday 29 (years)

20. Color or race white | 21. Age at last birthday 24 (years)

13. Birthplace (city or place)
(State or Country) Richmond Utah

22. Birthplace (city or place)
(State or Country) Kaysville Utah

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work
_____, 19____

25. Date (month and year) last engaged in this work
_____, 19____

17. Total time (years) spent in this work lifetime

26. Total time (years) spent in this work lifetime

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 23 (b) Born alive but now dead 1 (c) Stillborn —

29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of stillbirth _____	{ Before labor _____ During labor _____
---	-------------------	-------------------------------	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) _____, M. D.

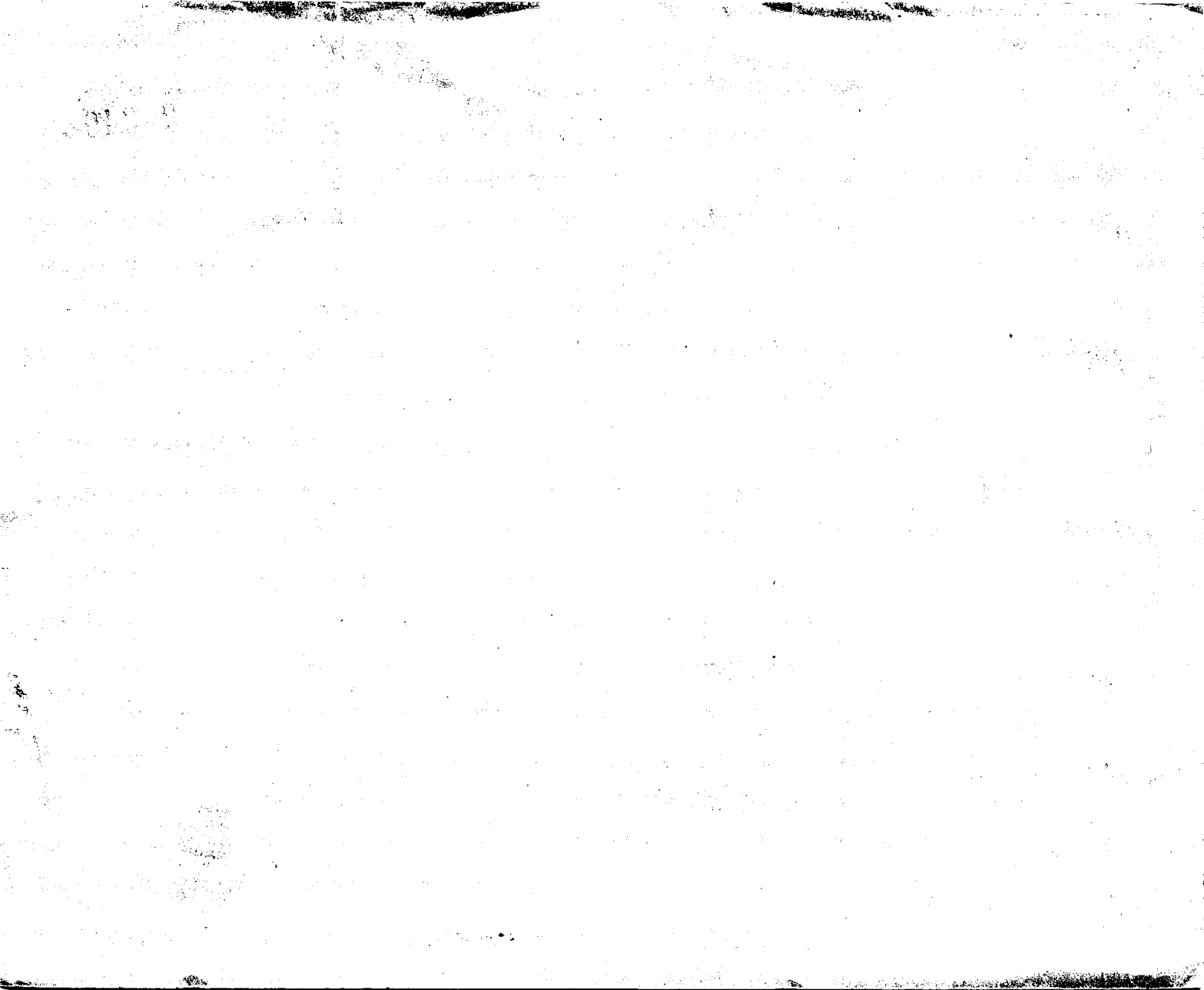
or Mrs Fannie Suran, Midwife

Address Preston Idaho Dec 2nd

Filed June 10, 1940 G. W. Staler

Registrar.

Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

293465

JUN 14 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho }
County of Franklin } ss.

Mrs Esther H Monson being first duly sworn says that
she is the Mother of Vernon Lewis Monson
(Relationship of child)*
born April 27- 1895 at Preston, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said child, Vernon Louis Monson

as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that Mrs Fannie Swan M. D. was the
medical attendant at the birth of said Vernon Lewis Monson Deceased Midwife
the said medical attendant is Deceased and that

(Now deceased (or) cannot be located)

Name of Affiant Esther H. Monson
P. O. Address Preston, Idaho

Subscribed and sworn to before me this 12 day of June, 1940

Bert Johnson
Notary Public.
Residing at Preston, Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

415 127 036-819

293 469

1. PLACE OF BIRTH
County of Oneida
City of Preston
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS.
CERTIFICATE OF BIRTH 293469
JUN 14 1940
Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Earl Edward Manson

3. Sex male If plural births { 4. Twin, triplet, or other twins 5. Number, in order of birth 12 6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth April 27, 1940 (Month, Day, Year)

9. Full name FATHER Hans Monson

10. Residence (usual place of abode) (If non-resident, give place and State) _____

11. Color or race white 12. Age at last birthday 29 (years)

13. Birthplace (city or place) Richmond (State or Country) Utah

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work lifetime

18. Full maiden name MOTHER Esther Ellen Harris

19. Residence (usual place of abode) (If non-resident, give place and State) _____

20. Color or race _____ 21. Age at last birthday 24 (years)

22. Birthplace (city or place) Kaysville (State or Country) Utah

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work lifetime

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 14 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 11 P. m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

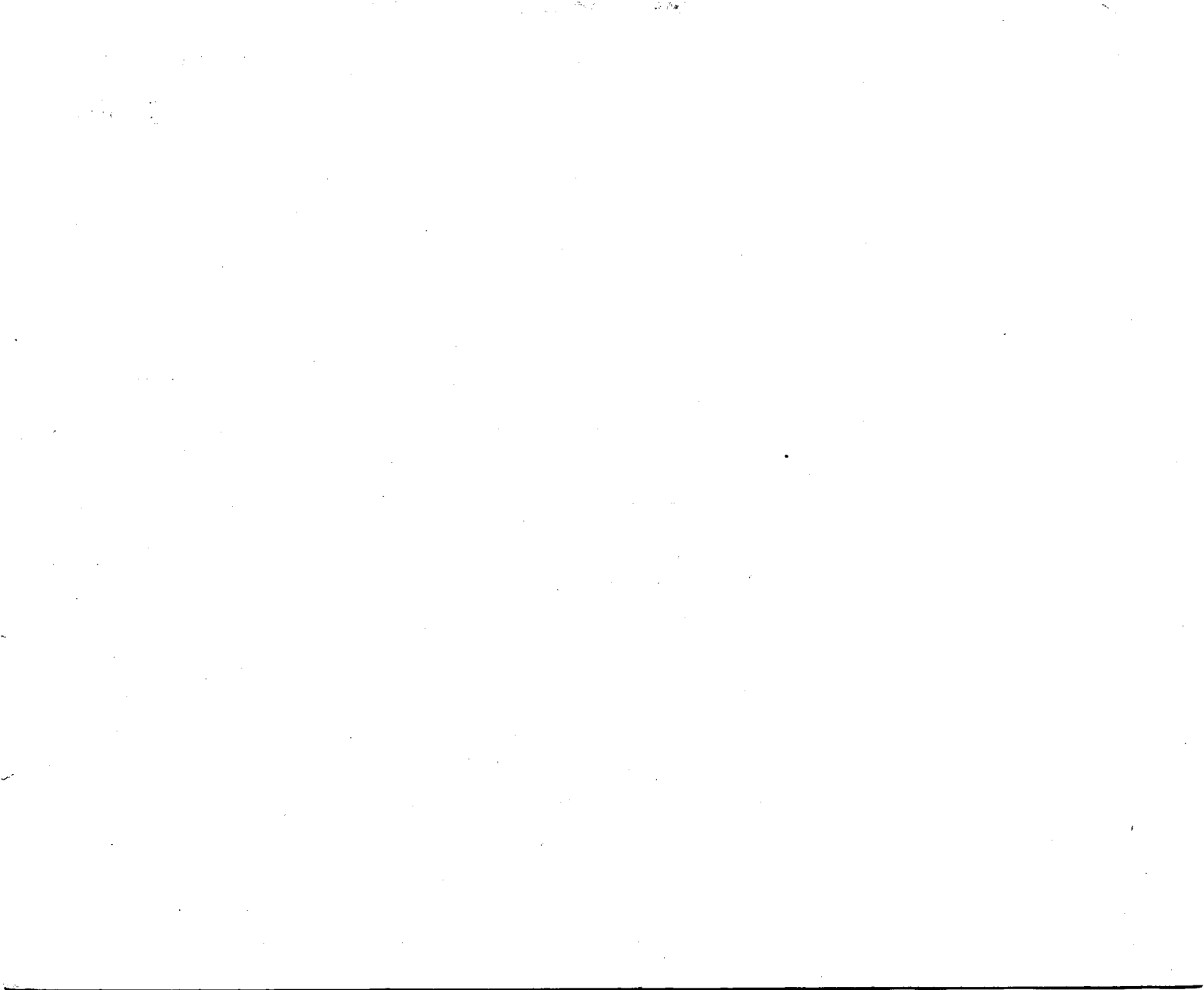
(Signed) _____, M. D.

or Mrs Fannie Swann, Midwife

Address Preston Idaho

Filed June 10 -, 1940 G. W. Statton

Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH **29346**
BUREAU OF VITAL STATISTICS

RECEIVED

State of Idaho } JUN 14 1940
County of Franklin } ss. AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Esther H. Monson being first duly sworn says that
she is the mother of Earl Edward Monson
(Relationship of child)*
born April 27 1895 at Preston, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Earl Edward Monson
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs Fannie Swann M. D. was the
Midwife
medical attendant at the birth of said Earl Edward Monson and that
the said medical attendant is Deceased -
(Now deceased (or) cannot be located)

Name of Affiant Esther H. Monson
P. O. Address Preston, Idaho

Subscribed and sworn to before me this 12 day of June, 1940

Ben F. Johnson
Notary Public.
Residing at Preston, Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1912
1913

one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Lemhi, Idaho
City of Lemhi Agency
No. 236 117 036 268 St.

RECEIVED
JUN 14 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

293477

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Robert Earl Stocker

3. Sex Male	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Dec. 17, 1895</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>Yes</u>		

9. Full name FATHER <u>Robert Beers Stocker</u>	18. Full maiden name MOTHER <u>Annie Boyle</u>
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Lemhi Agency Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Lemhi Agency Idaho</u>
11. Color or race <u>Wh.</u> 12. Age at last birthday <u>32</u> (years)	20. Color or race <u>Wh.</u> 21. Age at last birthday <u>31</u> (years)
13. Birthplace (city or place) (State or Country) <u>Ohio</u>	22. Birthplace (city or place) (State or Country) <u>Wisc.</u>
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Ranching</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 16. Date (month and year) last engaged in this work <u>All times</u> , 19____	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ 25. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work _____	26. Total time (years) spent in this work <u>2 yrs.</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
Only child (a) Born alive and now living 1 (b) Born alive but now dead - (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

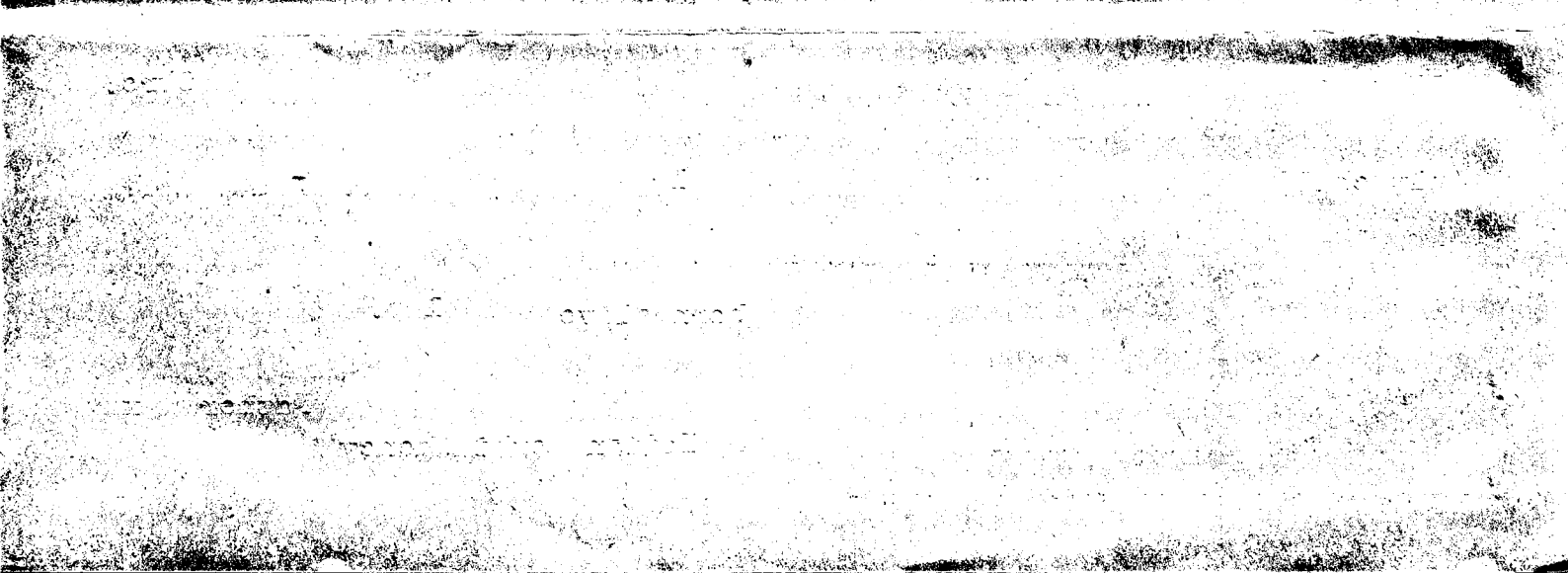
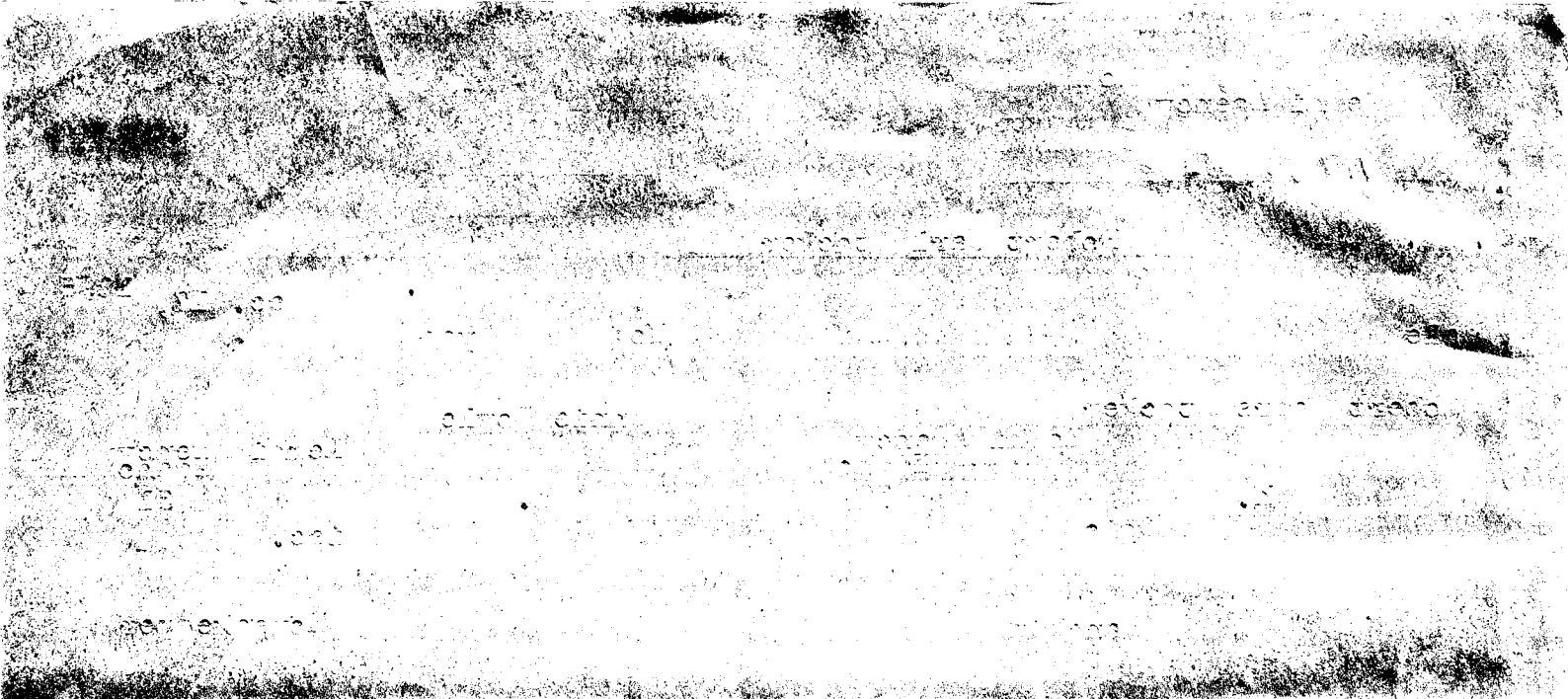
30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. }
(Signed) Robert Beers Stocker, M. D.
or Father, ~~Midwife~~

Give name added from a supplemental report _____
Address Indian Lemhi Agency
(Date of) _____
Filed June, 1940
Registrar. Registrar.



STATE OF IDAHO

293477

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

RECEIVED
JUN 14 1940

State of Idaho,
County of Lemhi.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Robert Beers Stocker

being first duly sworn says that

he is the Father of Robert Earl Stocker
(Relationship of child)*
born December 17th, 1895 at Lemhi Indian Agency, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Robert Earl Stocker

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that William C. Whitwell, M. D. was the ~~medical~~ medical attendant at the birth of said Robert Earl Stocker and that the said medical attendant is Now Deceased.

(Now deceased (or) cannot be located)

Name of Affiant Robert Beers Stocker

P. O. Address Salmon, Idaho.

Subscribed and sworn to before me this 13th day of June, 1940

W. W. Simmons
Clerk of the District Court, ~~Salmon~~
Residing at Salmon, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



A 168-229-029/414

1. PLACE OF BIRTH
County of Idaho
City of New Farmington, N.W.
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 294570

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Julia Elizabeth Johnson

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>Feb. 20, 1895</u> (Month, Day, Year)
-------------------------	--------------------	----------------------------------	------------------------------------	--------------------	---------------------------	---

9. Full name FATHER Rasmus Christian Johnson
10. Residence (usual place of abode)
(If non-resident, give place and State) Farmington
11. Color or race white 12. Age at last birthday 32 (years)
13. Birthplace (city or place) Denmark
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & blacksmith
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm and blacksmith shop
16. Date (month and year) last engaged in this work Mar, 1918
17. Total time (years) spent in this work 28 yrs

18. Full maiden name MOTHER Maren Madsen
19. Residence (usual place of abode)
(If non-resident, give place and State) Farmington
20. Color or race white 21. Age at last birthday 29 (years)
22. Birthplace (city or place) Denmark
(State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Jan, 1898
26. Total time (years) spent in this work 21 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? not known

28. Number of children of this mother (At time of this birth and including this child)
six (a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of stillbirth _____	{ Before labor _____ During labor _____
---	-------------------	-------------------------------	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) _____, M. I.
or _____, Midwife
Address _____

Filed June, 1910
Registrar. Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

294570

State of Washington

County of Asotin

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Anna Marie Johnson Grim being first duly sworn says that
she is the sister of Julia Elizabeth Johnson
(Relationship of child)*
born Feb. 20th 1895 near Farmington in Latah Co., Idaho
(Date of birth)

whose certificate of birth is hereto attached, and that Julia Elizabeth Johnson desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Julia Elizabeth Johnson

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. J. Laws was the
medical attendant at the birth of said Julia Elizabeth Johnson Midwife
and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Anna Marie Johnson Grim
P. O. Address Rt. 1, Box 43 Clarkston, Wash.

Subscribed and sworn to before me this 17 day of June, 1940

Burt V. Halsey Notary Public.
Residing at Clarkston, Wash., Idaho

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of nez Perce
City of Forest-
No. 796-109-035 553 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

294805

Registration District No. 221 State File No. 294805

(If born in hospital or institution give name.) Prim. Registration District No. 96 Local Registrar's No. _____

2. FULL NAME OF CHILD Earle Nelson Provost-

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature ☒ 7. Legitimate? yes 8. Date of birth July 9, 1895 (Month, Day, Year)

9. Full name FATHER John Martin Provost-

18. Full maiden name MOTHER Adena E Nelson

10. Residence (usual place of abode) (If non-resident, give place and State) Forest Idaho

19. Residence (usual place of abode) (If non-resident, give place and State) Forest Idaho

11. Color or race white 12. Age at last birthday 25 (years)

20. Color or race white 21. Age at last birthday 16 (years)

13. Birthplace (city or place) (State or Country) Peculiar Iowa

22. Birthplace (city or place) (State or Country) Wilmart Minnesota

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house keeper in

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work September, 1935 17. Total time (years) spent in this work 40

25. Date (month and year) last engaged in this work Dec 1937 26. Total time (years) spent in this work 45

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) one
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of Stillbirth _____ { During labor. Before labor.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

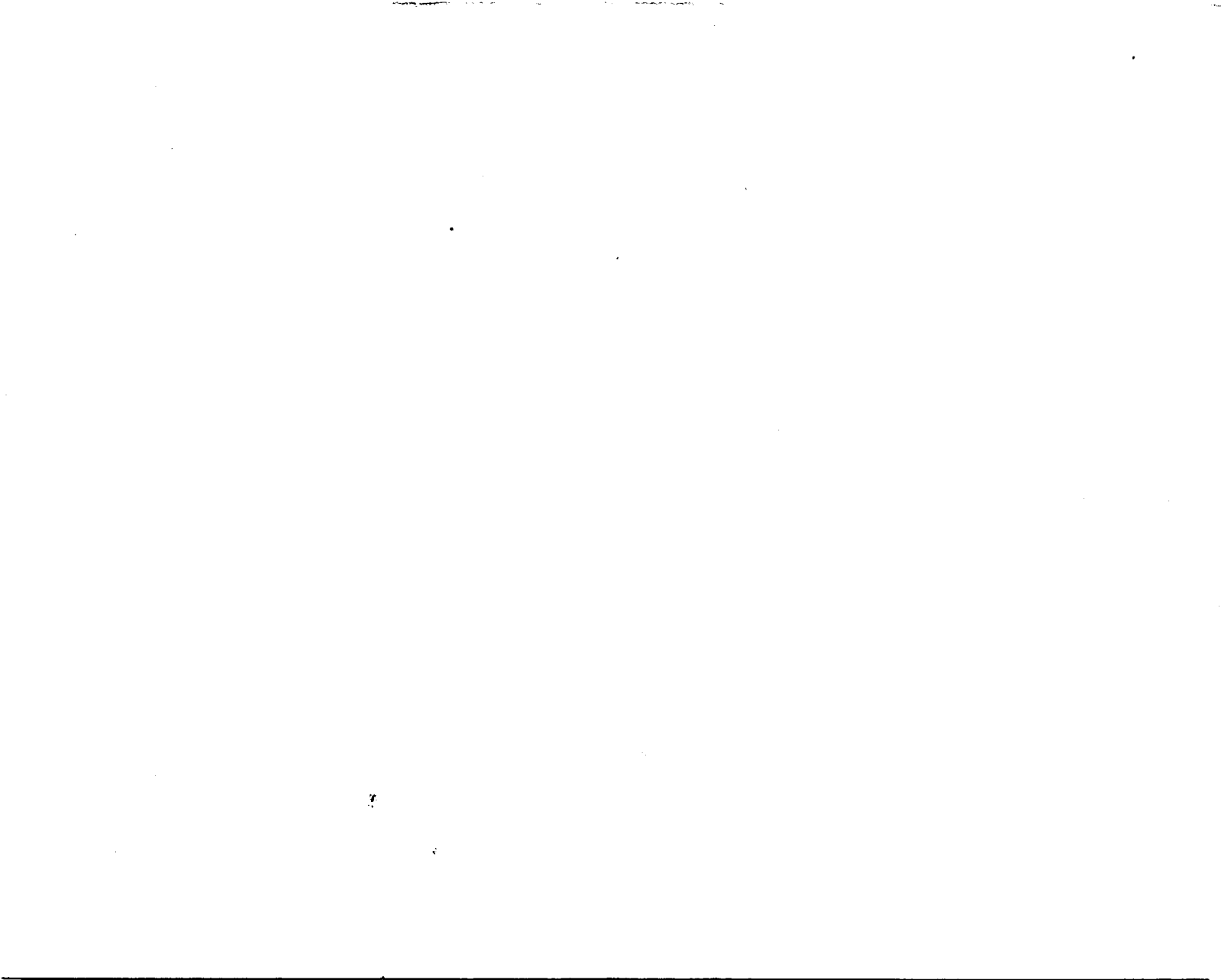
Registrar.

(Signed) Julia Nelson Reeves, M. D.

or Aunt _____, Midwife

Address Forest Idaho

Filed July 10, 1940 Patricia Bush Deputy Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

294805

State of Idaho } ss. **AFFIDAVIT**
County of Nez Perce (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Julia Nelson Reeves being first duly sworn says that
she is the aunt- of Earle Nelson Provost-
(Relationship of child)*
born July 9- 1895- at Forest-, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
ficate of birth of the said Earle Nelson Provost-
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Ammie Jacobsen ~~M.D.~~ was the
medical attendant at the birth of said Earle Nelson Provost- Midwife
and that
the said medical attendant is can not - re located
(Now deceased (or) cannot be located)

Name of Affiant Julia Nelson Reeves
P. O. Address Forest Idaho
Subscribed and sworn to before me this 11th day of December, 1939

C. E. Harris
Notary Public.
Residing at Lewiston, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

100

■

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Genesee
No. A265709029254 St. _____

STATE OF IDAHO 294870
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 10 1940
Registration District No. _____ State File No. 294870

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Clarence Samuel Swenson

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term Yes 7. Legiti- mate? Yes 8. Date of birth Jan. 9th 1895 (Month, Day, Year)

9. Full name FATHER Nels C. Swenson

18. Full maiden name MOTHER Mary Knudson Swenson

10. Residence (usual place of abode) (If non-resident, give place and State) Genesee, Idaho

19. Residence (usual place of abode) (If non-resident, give place and State) Genesee, Idaho

11. Color or race white 12. Age at last birthday 38 (years)

20. Color or race white 21. Age at last birthday 19 (years)

13. Birthplace (city or place) (State or Country) Cottonwood County, Minn.

22. Birthplace (city or place) (State or Country) Kansas

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer helper

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper helper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work Oct. 1937, 19____ in this work lifetime up to present to this date _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work lifetime

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) three (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

or _____, Midwife

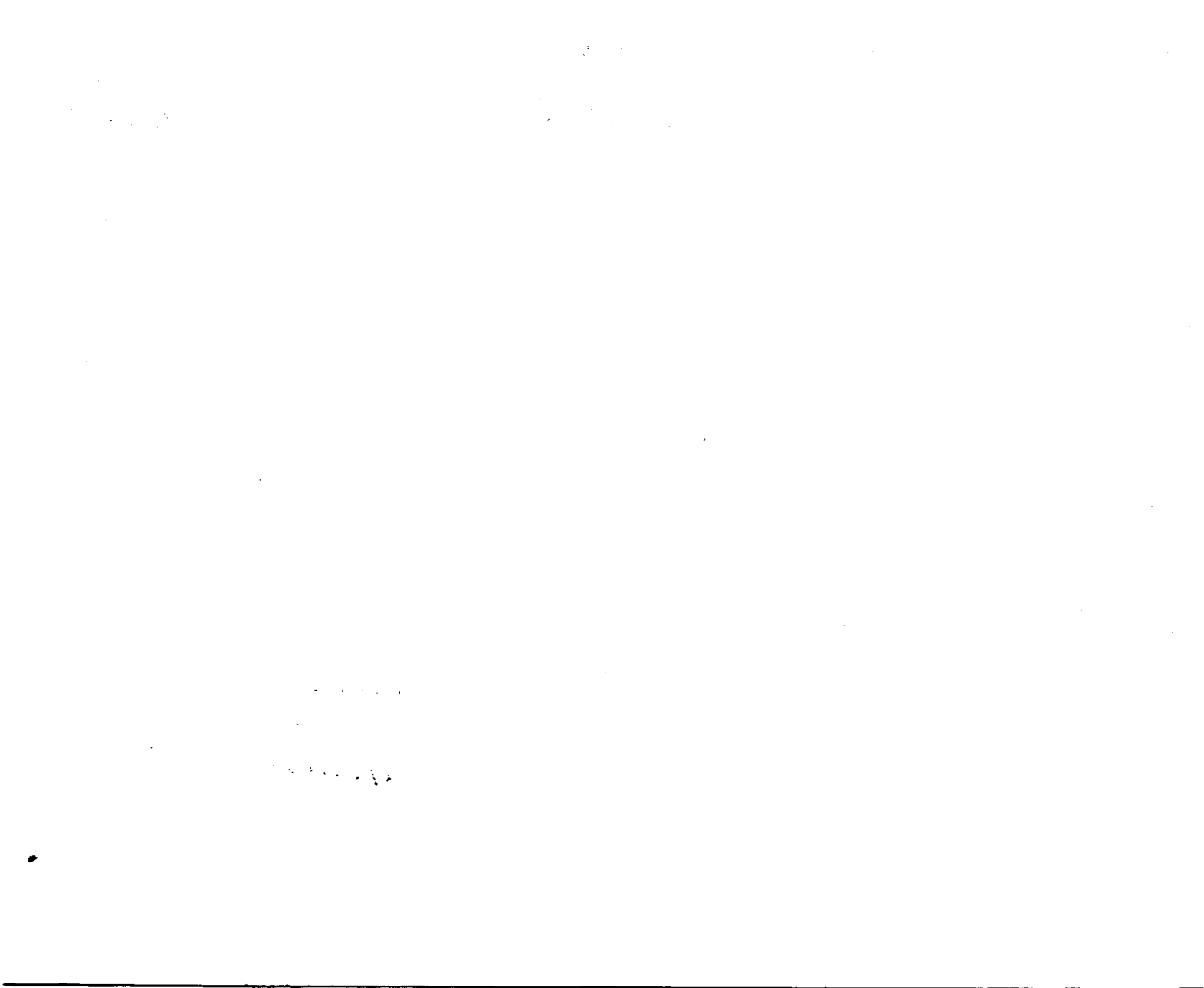
Give name added from a supplemental report Nels C. Swenson (father) (Date of) _____

Address _____

Filed July 10, 1940

Registrar.

Registrar.



STATE OF IDAHO

294879

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

RECEIVED

State of Idaho
County of Latah

JUL 10 1940

ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Nels C. Swenson

being first duly sworn says that

he is the father

(Relationship of child)*

of Clarence Samuel Swenson

born January 9th 1895

(Date of birth)

at Genesee

Idaho,

whose certificate of birth is hereto attached, and that Nels C. Swenson desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Clarence Samuel Swenson

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that

M. D., was the Midwife

medical attendant at the birth of said

and that

the said medical attendant is

(Now deceased (or) cannot be located)

Name of Affiant

Nels C. Swenson

P. O. Address

Genesee, Idaho.

Subscribed and sworn to before me this

3th

day of

July

1940

Notary Public.

Residing at

Genesee

Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

17-134

17-134

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		RECEIVED		STATE OF IDAHO		294973	
County of <u>Oneida</u>		JUL 2 1940		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS	
City of <u>Clifton</u>				CERTIFICATE OF BIRTH			
No: <u>A769-119-036-385</u>		St. _____		Registration District No. _____		State File No. _____	
(If born in hospital or institution give name.)		Prim. Registration District No. _____		Local Registrar's No. _____			
2. FULL NAME OF CHILD <u>James Levi Porritt</u>							
3. Sex <u>Male</u>		If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth. _____		6. Premature. _____ Full term <u>1</u>		7. Legitimate? <u>1</u>	
						8. Date of birth <u>19 Feb.</u> <u>1895</u> (Month, Day, Year)	
9. Full name FATHER <u>Thomas Hampton Porritt</u>				18. Full maiden name MOTHER <u>Mary Janett Cherry</u>			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Clifton</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Clifton</u>			
11. Color or race <u>White</u>				20. Color or race _____			
12. Age at last birthday <u>70</u> (years)				21. Age at last birthday <u>64</u> (years)			
13. Birthplace (city or place) (State or Country) <u>Franklin Idaho</u>				22. Birthplace (city or place) (State or Country) <u>Lewiston Utah</u>			
OCCUPATION		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		OCCUPATION		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>all kinds of work</u>		16. Date (month and year) last engaged in this work _____, 19 _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		25. Date (month and year) last engaged in this work _____, 19 _____	
		17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____							
28. Number of children of this mother (At time of this birth and including this child) <u>3</u> (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>1</u> (c) Stillborn _____							
29. If stillborn, period of gestation _____		{ months or weeks _____		30. Cause of Stillbirth _____		{ Before labor. _____ During labor. _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
I hereby certify that I attended the birth of this child, who was <u>after</u> at _____ m. on the date above stated. (Born Alive or Stillborn)							
(Signed) <u>Thomas H. Porritt</u> father, <u>M.D.</u>							
or <u>Jane Howell Brad</u> Midwife							
Address <u>1202 Denver St. Boise Idaho</u>							
Filed <u>July 2</u> , 19 <u>40</u>							
Registrar. _____							

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

ASTORIA

STATE OF IDAHO

294973

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho }
County of Ada } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Thomas Hampton Porritt being first duly sworn says that
he is the Father of James Levi Porritt
(Relationship of child)*
born Clifton May 4 Idaho 1908 at Clifton Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said James Levi Porritt
hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

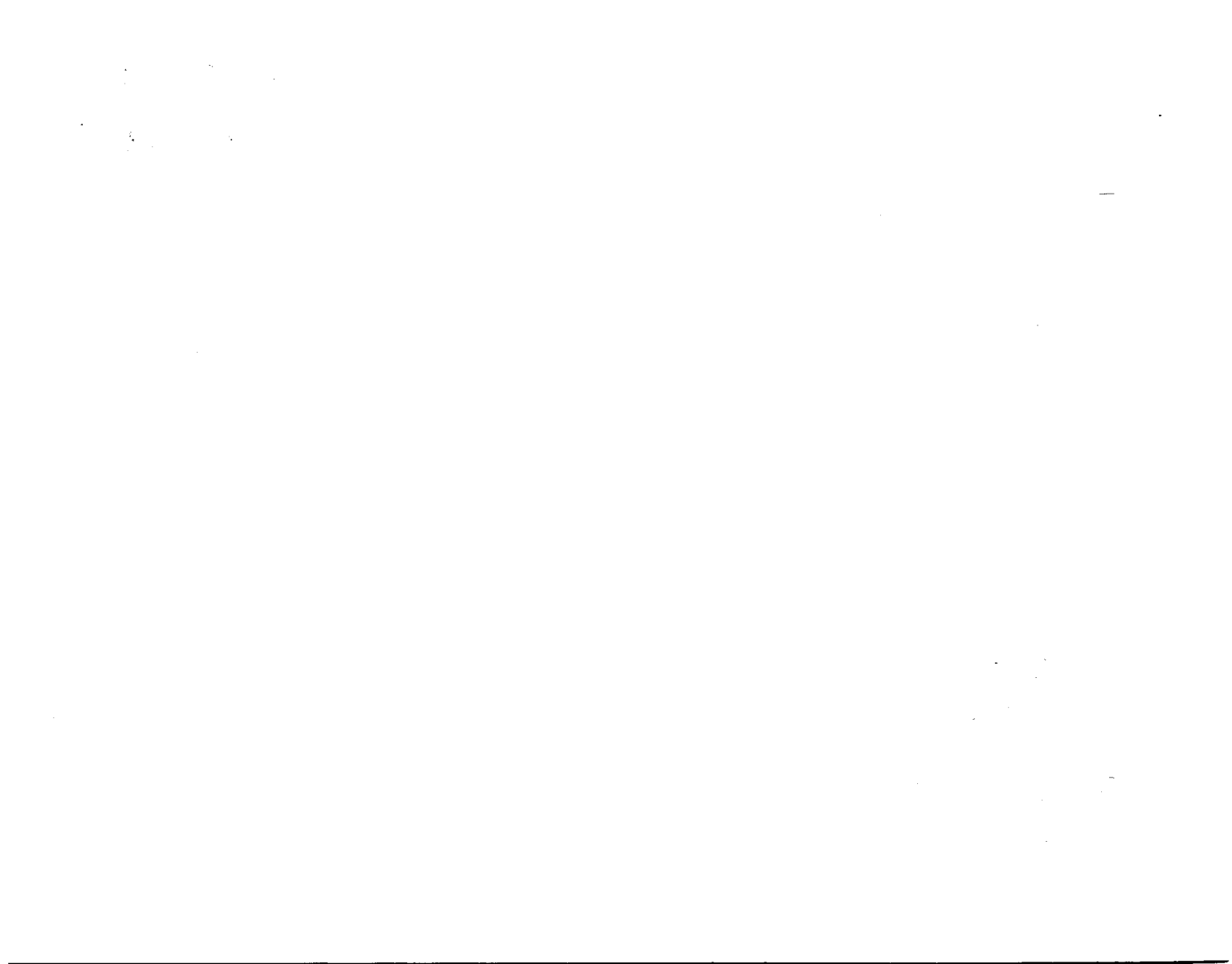
Affiant further states that Jane Howell M.D. was the
medical attendant at the birth of said James Levi Porritt and that
the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant x Thomas Hampton Porritt
P. O. Address 1202 Denver

Subscribed and sworn to before me this 2 day of July, 1940

Notary Public.
Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each of birth stated.

A255-214-029-173

296063

1. PLACE OF BIRTH
County of Idaho
City of Moscow
No. 511 Spruett Ave St.
in home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 22 1940

CERTIFICATE OF BIRTH

296063

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Hazel Maud Benedict

3. Sex <u>F</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? <u>X</u>	8. Date of birth <u>Jan. 14</u> 1895 (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>X</u>		193

9. Full name FATHER Orloff A. Benedict
10. Residence (usual place of abode)
(If non-resident, give place and State) Moscow
11. Color or race N. | 12. Age at last birthday 36 (years)
13. Birthplace (city or place) Maupaca
(State or Country) Wisconsin

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet maker
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. saw mill
16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____, 19 _____

18. Full maiden name MOTHER Lena Mertier Archer
19. Residence (usual place of abode)
(If non-resident, give place and State) Moscow
20. Color or race N. | 21. Age at last birthday 25 (years)
22. Birthplace (city or place) East Wallingford
(State or Country) Vermont

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. none
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work _____, 19 _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead X (c) Stillborn X
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of stillbirth _____ { Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.
or _____, Midwife

Address _____
Filed July 22 1940 Mad G. Atwood
Registrar.

APR 4 1957

STATE OF IDAHO

296063

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho RECEIVED
County of Latah JUL 22 1940 } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mertie Archer Benedict being first duly sworn says that
Hazel is the daughter of Mertie Archer Benedict
(Relationship of child)*
born Jan 14 1895 at Moscow, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Mertie A Benedict desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Hazel Maud Benedict

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr Worthington, M. D., was the
medical attendant at the birth of said Hazel Maud Benedict and that
the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Mertie Archer Benedict
P. O. Address 511 Sweet Ave Moscow

Subscribed and sworn to before me this 20 day of July, 1940

Martin J. Sweeney
Notary Public.
Residing at Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

600877

APR 4 1957

FEB 16 1950

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A168 208 010-3915

296092

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. _____ St. _____

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

JUL 24 1940

296092

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Alice Agnes Johnson

3. Sex Female If plural births { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legiti-
mate? _____ 8. Date of birth Feb. 8, 191895
(Month, Day, Year)

9. Full name FATHER Johan Oscar Johnson 18. Full maiden name MOTHER Kerstin Lindgren

10. Residence (usual place of abode) Deceased 19. Residence (usual place of abode) Idaho Falls
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday _____ (years) 20. Color or race white 21. Age at last birthday _____ (years)

13. Birthplace (city or place) Sweden 22. Birthplace (city or place) Sweden
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. housewife

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) Four
(a) Born alive and now living Yes (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

(Signed) _____, M. D.

or Mrs. Olin, Midwife

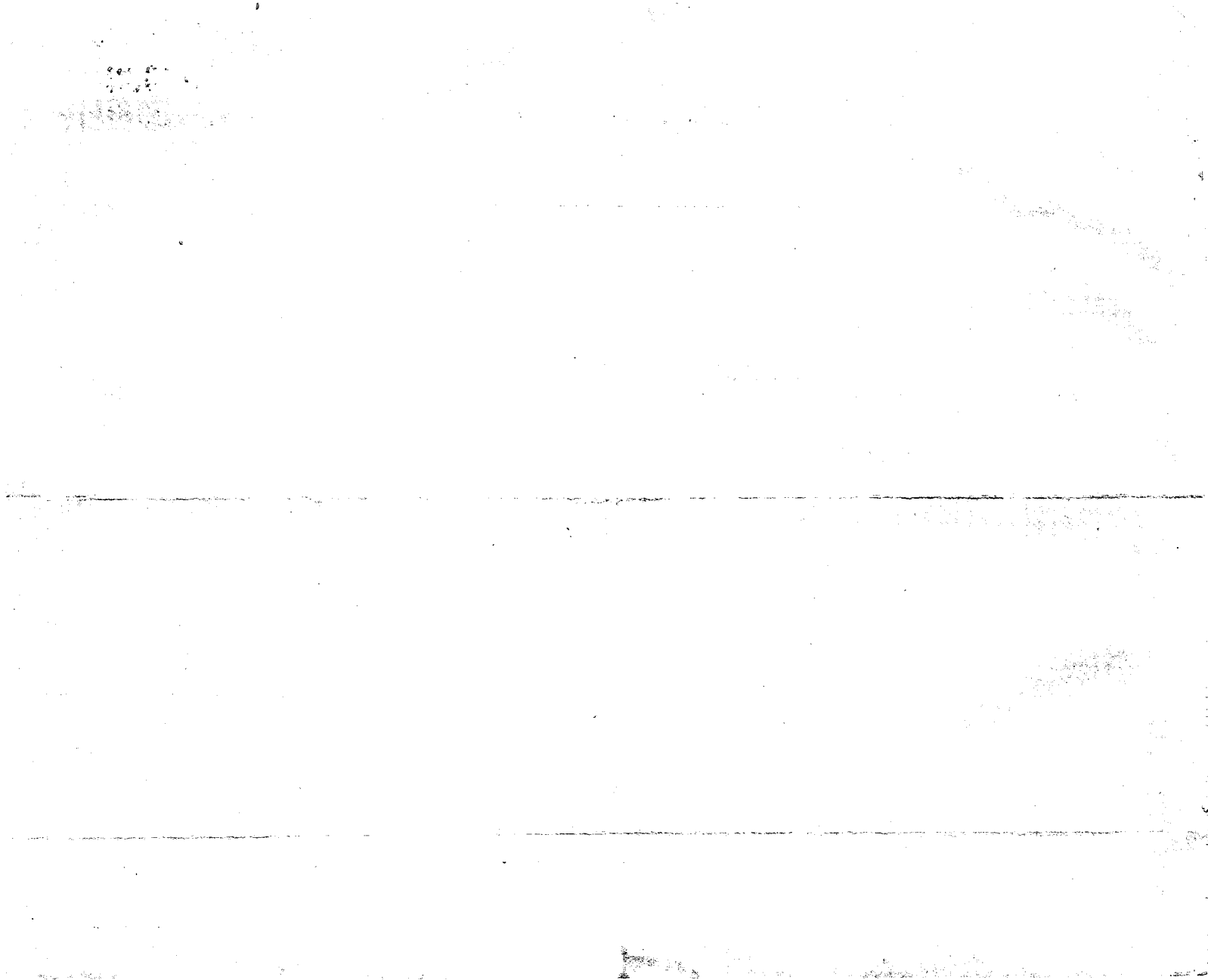
Address _____

Filed July, 1940

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____



STATE OF IDAHO

296092

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICSState of IdahoCounty of Bonneville

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Kerstin Johnson being first duly sworn says that
she is the mother of Alice Agnes Johnson
(Relationship of child)*
born February 8th, 1895 at Idaho Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Alice Agnes Johnson

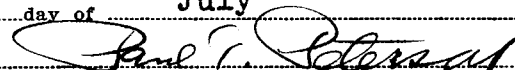
hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Olin ~~X~~ was the
Midwife
medical attendant at the birth of said Alice Agnes Johnson and that
the said medical attendant is now deceased so affiant believes.
(Now deceased (or) cannot be located)

Name of Affiant Kerstin Johnson

P. O. Address _____

Subscribed and sworn to before me this 22nd day of July, 1940



Notary Public.

Residing at Idaho Falls, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY IN UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 666 23-003-813
PLACE OF BIRTH
County of BANNOCK
City of POCATELLO
No. _____ St. _____

RECEIVED
JUL 31 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
296203
CERTIFICATE OF BIRTH 29

(If born in hospital or institution give name.) Prim. Registration District No. _____ State File No. _____
Local Registrar's No. _____

2. FULL NAME OF CHILD ETHEL MAY WOODMANSEE

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth 3-31-1895
5. Number, in order of birth _____ Full term Yes (Month, Day, Year)

9. Full name FATHER
Perry Woodmansee
10. Residence (usual place of abode) Deceased
(If non-resident, give place and State)
11. Color or race English 12. Age at last birthday 50 (years)
13. Birthplace (city or place) St. Clairsville
(State or Country) Ohio
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RR Brakeman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. U.P. RR
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 40
19. _____

18. Full maiden name MOTHER
Belle Halpenny
19. Residence (usual place of abode) Pocatello, Ida
(If non-resident, give place and State)
20. Color or race English 21. Age at last birthday 52 (years)
22. Birthplace (city or place) Clarksburg, W. Va.
(State or Country)
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____
19. _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { Before labor. _____
During labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 8 p.m. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar. _____
(Signed) Belle Woodmansee Mother
or _____, Midwife
Address 217 No. Hayes Ave. Pocatello, Ida
Filed JUL 31 1940 193 _____
Registrar. _____

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho

County of Bannock

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Belle Woodmansee

being first duly sworn says that

she is the Mother

(Relationship of child)*

of Ethel May Woodmansee

born March 31, 1895

(Date of birth)

at Pocatello

Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-

cate of birth of the said Ethel May Woodmansee

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. O. B. Steele

M. D., was the Midwife

medical attendant at the birth of said Ethel May Woodmansee

the said medical attendant is Deceased

(Now deceased (or) cannot be located)

Name of Affiant

Belle Woodmansee

P. O. Address

217 No. Hayes Ave. Pocatello, Ida.

Subscribed and sworn to before me this

30th day

July

1940

Notary Public.

Residing at

Pocatello Idaho

Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. _____ St. _____

AUG -3 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

296281

296281

Registration District No. 120 State File No. _____

(If born in hospital or institution give name.) _____ Prim. Registration District No. _____ Local Registrar's No. 211

2. FULL NAME OF CHILD Horace Gerald Rice

3. Sex Male If plural { 4. Twin, triplet, or other _____
births { 5. Number, in order of birth _____
6. Premature _____ Full term X
7. Legiti- mate? Yes
8. Date of birth 12/11/95, 1935
(Month, Day, Year)

9. Full name FATHER
John Ace Rice
10. Residence (usual place of abode)
(If non-resident, give place and State) Idaho
11. Color or race White 12. Age at last birthday 31 (years)
13. Birthplace (city or place)
(State or Country) Huntington
Utah
14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Grocery Clerk
15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. Grocery store
16. Date (month and year)
last engaged in this work
December 1895
17. Total time (years) spent
in this work 10

18. Full maiden name MOTHER
Elsie Allen Rice
19. Residence (usual place of abode)
(If non-resident, give place and State) Idaho
20. Color or race White 21. Age at last birthday 23 (years)
22. Birthplace (city or place)
(State or Country) Saginaw
Michigan
23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. _____
24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. _____
25. Date (month and year)
last engaged in this work
_____, 19____
26. Total time (years) spent
in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
One
(a) Born alive and now living Yes (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, { months
period of gestation _____ or weeks
30. Cause of stillbirth _____ { Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed 8.1, 1940 A. K. Kuwcombe M.D.
Registrar.

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.
Give name added from
a supplemental report _____
(Date of) _____
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho }
County of Kootenai } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

John A. Rice being first duly sworn says that
he is the Father of Horace Gerald Rice
(Relationship of child)*
born December 11, 1895 at Coeur d'Alene, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Horace Gerald Rice

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that An Army Doctor at Fort Sherman, M. D., was the
Midwife
medical attendant at the birth of said Horace Gerald Rice and that
the said medical attendant is can not be located.

(Now deceased (or) cannot be located)

Name of Affiant John A. Rice
P. O. Address 617 Wallace Ave., Coeur d'Alene, Idaho

Subscribed and sworn to before me this 1st day of August, 1940

Herbert H. Minster
Notary Public.
Residing at Coeur d'Alene, Idaho.
My Commission Expires Dec. 12, 1943

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 1 9 1965

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

386-1046030-238
United States
Department of Commerce
Bureau of the Census

RECEIVED
(Be sure the information is as of date of birth of THIS child)
AUG - 8 1940
CERTIFICATE OF BIRTH
STATE OF IDAHO

296380
State File No. 296380
Local Reg. No.
Reg. Dist. No.

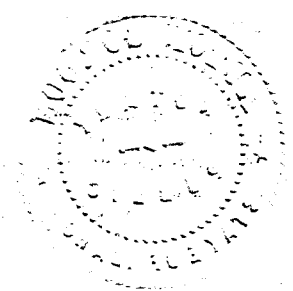
1. PLACE OF BIRTH: (a) County <u>Boise</u> (b) City <u>Junction</u> (c) Street Address or R.F.D. No. <u>at home</u> (d) Name of Hospital or Maternity Home: <u>-</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home <u>1</u> days. In THIS county <u>1</u> years <u>1</u> months <u>1</u> days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Boise</u> (c) City <u>Junction</u> (d) Street Address or R.F.D. No. <u>at home</u> (e) How long has MOTHER lived in Idaho? <u>27</u> yrs. (f) Mother's mailing address <u>Boise</u> 3. RESIDENCE OF FATHER (city, state) <u>Junction</u>	
4. FULL NAME OF CHILD <u>Paul Horatio Thompson</u>		5. Date of Birth (Month, day, year) <u>2/4/1895</u>	
6. Sex <u>Boy</u>	7. Twin or Triplet <u>1st</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Elmer Ellsworth Thompson</u>		16. FULL MAIDEN NAME <u>Laura Bell</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>28</u> yrs.		18. Age at time of THIS birth <u>21</u> years	
13. Birthplace <u>Russell, Penn.</u> (City or town) (State or foreign country)		19. Birthplace <u>Bureau, Illinois</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u> (c) Born alive and now dead <u>0</u> (d) Stillborn			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive, stillborn</u> at <u>Junction</u> M. on the date <u>2-8-40</u> and at the place stated above, and that personal particulars were furnished by <u>Mae G. Atwood</u> who is related to this child as <u>(Mother, etc.)</u> (First name) (Last name)			
26. (a) <u>9-8-40</u> (Date received)		25. Attendant's OWN signature <u>Mae G. Atwood</u> M.D. or (D.O., Midwife, etc.)	
27. Given name added on <u>by</u> <u>Registrar's signature</u>		and address <u>Date</u>	

State of Idaho } ss.
County of Ada
I, Laura Belle Thompson, being first duly sworn, say that I am the mother of Paul Horatio Thompson as my son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Frank Wright (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)
Laura B. Thompson Name
Boise, Ada County, Idaho, Route 2 P. O. Address
Subscribed and sworn to before me on this 8th day of August, A. D. 1940.
(SEAL) Anton Gordon Notary Public, residing at Boise, Idaho
Bureau of Vital Statistics

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

815221035577

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

AUG 16 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **296574**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>Nez Perce</u> (b) City (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>HOME</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days. In THIS county <u>7</u> years <u>—</u> months <u>—</u> days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs. (f) Mother's mailing address <u>Forest P.O.</u>	
4. FULL NAME OF CHILD <u>MINNIE HANSON</u>		5. Date of Birth <u>July 21, 1895</u> (Month, day, year)	
6. Sex <u>FEMALE</u> 7. Twin or <u>—</u> Triple <u>—</u> If so—born <u>—</u> 1st, 2nd, 3rd		8. No. months <u>NINE</u> 9. Legitimate? <u>yes</u> of Pregnancy	
FATHER OF CHILD 10. FULL NAME <u>LARS HANSON</u> 11. Color <u>White</u> 12. Age at time <u>38</u> or Race of THIS birth yrs. 13. Birthplace <u>REMEN NORWAY</u> (City or town) (State or foreign country) 14. Exact Occupation <u>FARMER</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>AURI ERICKSON</u> 17. Color or <u>White</u> 18. Age at time of <u>45</u> Race THIS birth years 19. Birthplace <u>OPDAL NORWAY</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>10</u> (b) Born alive and now living <u>10</u> (c) Born alive and now dead <u>1</u> (d) Stillborn <u>NONE</u>			

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

26. (a) **(b)**
(Date received) (Registrar's signature)

27. Given name added on **by**
(Registrar's signature)

25. Attendant's
OWN signature M.D. or
(D.O., Midwife, etc.)
and address Date

State of WASHINGTON }
County of WHATCOM } ss.

I, HANS HANSON, being first duly sworn, say that I am related
MINNIE HANSON as Brother
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that CARRIE B. ERICKSON, who attended
said birth CANNOT BE LOCATED and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

Subscribed and sworn to before me on this 14 day of August 1940

(SEAL)

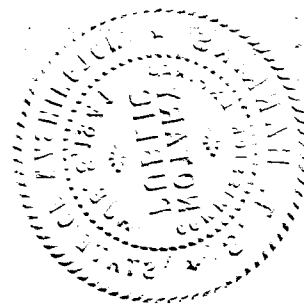
Notary Public, residing at Bellingham Wash.

JUN 7 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

419714-001813

296639

296639

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

AUG 20 1940

1. **PLACE OF BIRTH:**
(a) County. Ada (b) City. Boise
(c) Street Address or R.F.D. No. 120 Washington St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
In **THIS** county. 2 years. 7 months. 15 days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. Idaho (b) County. Ada
(c) City. Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 1/2 yrs.
(f) Mother's mailing address.
3. **RESIDENCE OF FATHER** (city, state) Boise, Ida

4. **FULL NAME OF CHILD.** Frank Martin Jr.
5. Date of Birth April 14, 1895
(Month, day, year)
6. Sex. M 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Martin
11. Color or Race White 12. Age at time of THIS birth. 31 yrs.
13. Birthplace Independence Co., Ark.
(City or town) (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella L. Hall
17. Color or Race White 18. Age at time of THIS birth. 30 years
19. Birthplace Richmond Vermont
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. 1 (b) Born alive and now living. 1
(c) Born alive and now dead. 0 (d) Stillborn. 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)
27. Given name added on by (Registrar's signature)
25. Attendant's **OWN signature** M.D. or
(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Frank Martin, being first duly sworn, say that I am related to
Frank Martin Jr. as father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that R. M. Fairchild who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 19th day of August, 1940

(SEAL)

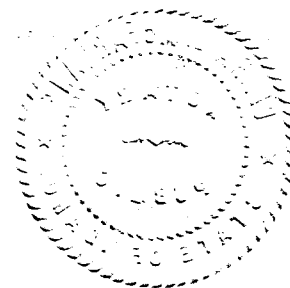
Clara L. McFarlane Notary Public, residing at Boise, Idaho

MAR 22 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

296647
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Cassia (b) City Almo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay before delivery:
In Hosp. or Mat. Home no days.
In THIS county 14 years no months no days.
2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City Almo
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 14 yrs.
(f) Mother's mailing address Almo
3. RESIDENCE OF FATHER (city, state) Almo, Idaho

4. FULL NAME OF CHILD Ellis James Wake
5. Date of Birth June 22, 1895
(Month, day, year)
6. Sex male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD
10. FULL NAME Robert Wake
11. Color or Race white 12. Age at time of THIS birth 43 yrs.
13. Birthplace England
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer
- MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Ann Ward
17. Color or Race white 18. Age at time of THIS birth 41 years
19. Birthplace Willard, Utah
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum no
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8
(c) Born alive and now dead no (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10.A M. on the date June 22, 1895 and at the place stated above, and that personal particulars were furnished by Sarah E. Stromberg, who is related to this child as sister (First name) (Last name)
(Mother, etc.)

26. (a) AUG (Date received) 1940 (b) (Registrar's signature)
27. Given name added on by (Registrar's signature)
25. Attendant's OWN signature Sarah E. Stromberg M.D. or (D.O., Midwife, etc.)
and address Rigby-2, Idaho Date April 1940

State of Idaho }
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah E. Stromberg, being first duly sworn, say that I am related to Ellis James Wake his sister (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ann Perry, who attended said birth, is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 16 day of April, 1940

(SEAL)

Sarah E. Stromberg Name
Rigby-2, Idaho P. O. Address
April 1940
Barton Bennett Notary Public, residing at Rigby, Idaho

188705

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH
DELAYED

Duplicate 1845-298069

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. A258 214 018 -331
PLACE OF BIRTH
County of Clearwater
City of Trasler, (now Green)
No. _____ St. Idaho

AUG - 6 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

296702

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. 26

2. FULL NAME OF CHILD Erma Pearl Snyder

3. Sex Female If plural births { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legiti-
mate? yes 8. Date of birth Sept. 14, 1895
(Month, Day, Year)

9. Full name Samson Snyder FATHER
10. Residence (usual place of abode)
(If non-resident, give place and State) Croftsville, Ida
11. Color or race White 12. Age at last birthday 29 (years)
13. Birthplace (city or place) Hammonton, N. J.
(State or Country)

18. Full maiden name Elizabeth Catharine Clark MOTHER
19. Residence (usual place of abode)
(If non-resident, give place and State) Croftsville, Ida
20. Color or race White 21. Age at last birthday 49 (years)
22. Birthplace (city or place) Lincoln, Nebraska
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work Dec 28, 1929

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work July 25, 1940

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation { months or weeks }
30. Cause of Stillbirth { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12:50 AM on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) _____, M. D.
or Samson Snyder Father
Address Croftsville, Idaho
Filed 7/25, 1940 H. A. Shaw Registrar.

(Date of)

Registrar.

296702

State of Idaho }
County of Clearwater } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, Larson Snyder, being first duly sworn says that
 he is the father of Berna Pearl Snyder
 (Relationship of child)*
 born Sept. 14, 1895 at Prosser (now Green), Idaho,
 (Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Erna Pearl Snyder

..... hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Ernesta Snyder M.D. was the Midwife
 medical attendant at the birth of said Erma Pearl Snyder and that
 the said medical attendant is _____

(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

Subscribed and sworn to before me this _____

day of

19.....

Residing at NOTARY PUBLIC residing at Orofino, Idaho 1 Notary Public.
 commission expires June 26, 1943, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

12/9/40 L. B.

219-123-028-296

297835

1. PLACE OF BIRTH
 County of Kootenai
 City of Conrad
 No. _____ St. _____

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

297835

RECEIVED
 AUG 22 1940

(If born in hospital or institution give name.)

Prim. Registration District No. 130 State File No. _____
 Local Registrar's No. 240

2. FULL NAME OF CHILD William Jay Barnum

3. Sex Male If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth. _____ 6. Premature. _____ Full term. _____ 7. Legiti-
 mate? yes 8. Date of birth April 23, 1895
 (Month, Day, Year)

9. Full name Jay Mary Barnum FATHER
 10. Residence (usual place of abode) Idaho
 (If non-resident, give place and State) _____
 11. Color or race White 12. Age at last birthday 24 (years)
 13. Birthplace (city or place) Clarkfield
 (State or Country) Ohio

18. Full maiden name Mary Glass Brown MOTHER
 19. Residence (usual place of abode) Idaho
 (If non-resident, give place and State) _____
 20. Color or race White 21. Age at last birthday 24 (years)
 22. Birthplace (city or place) Pittsburg
 (State or Country) Penn

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
 16. Date (month and year) last engaged in this work April 23, 1895
 17. Total time (years) spent in this work Two

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
 25. Date (month and year) last engaged in this work April 23, 1895
 26. Total time (years) spent in this work One year

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report. _____

(Date of) _____

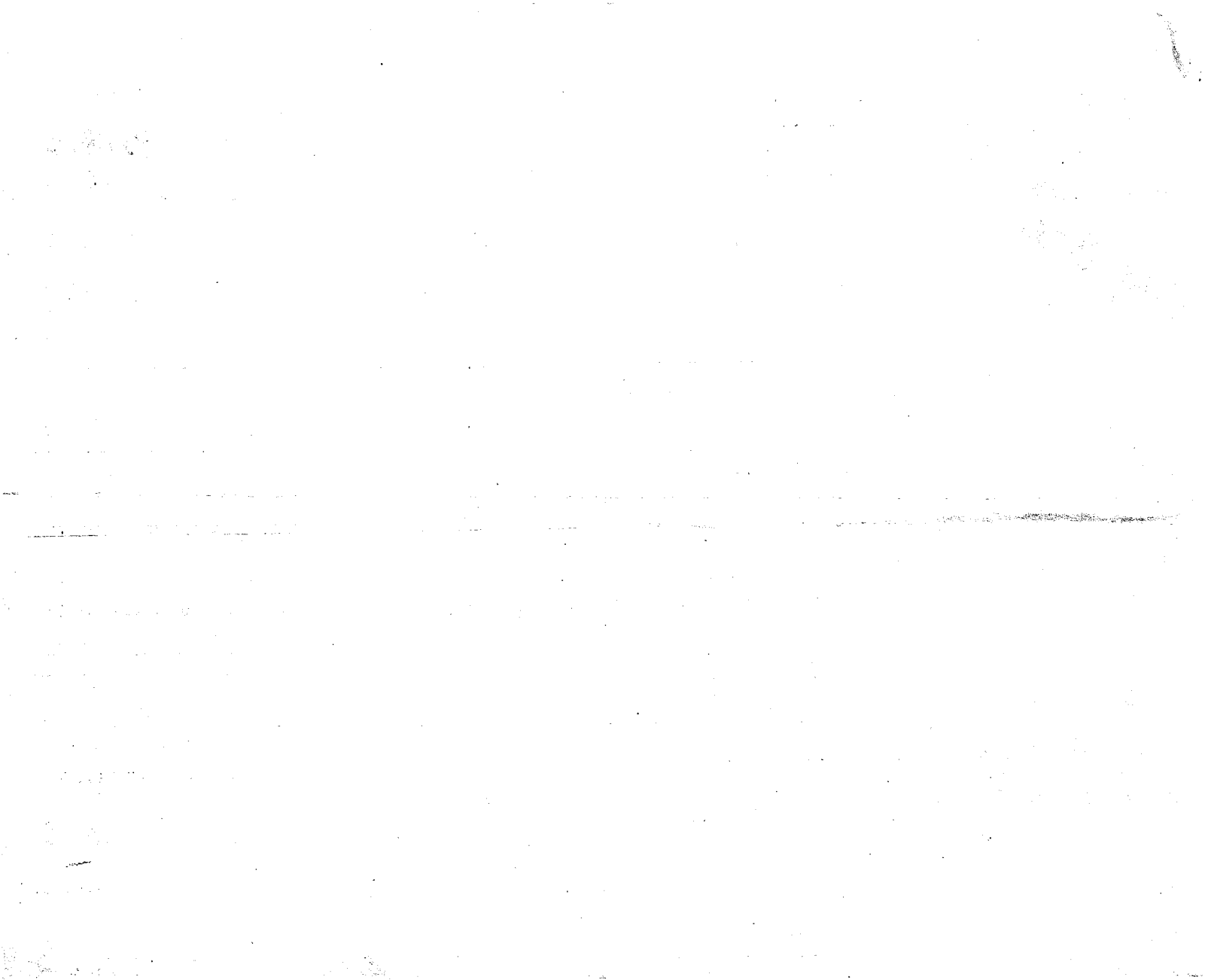
Registrar.

(Signed) Jay M Barnum Father, M.D.
 or Mary G Barnum Mother, Midwife

Address _____
 Filed 8.15, 1940 H. H. Keeney Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Kootenai } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

J.M.Barnum, Father, a nd May G. Barnum, Mother, each being first duly sworn says that

is the Father a nd mother of William Jay Barnum
(Relationship of child)*

born April 23 1893 at Coeur d'Alene, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that.....desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said William Jay Barnum

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Wm. Vert, M. D., was the medical attendant at the birth of said William Jay Barnum and that the said medical attendant is dead

(Now deceased (or) cannot be located)

Name of Affiant Jay W. Barnum

P. O. Address Mary G. Barnum

Subscribed and sworn to before me this 10th day of August, 1940

NOTARY PUBLIC FOR THE STATE OF IDAHO
RESIDING AT COEUR D'ALENE, IDAHO
My Commission Expires SEPT. 20 1940

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

FEB 3 1964

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **297881**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County. <u>Washington</u> (b) City. <u>Weiser</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days. In THIS county. years. months. days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State. <u>Idaho</u> (b) County. <u>Washington</u> (c) City. <u>Weiser</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs. (f) Mother's mailing address.	
4. FULL NAME OF CHILD <u>James Samuel Morgan</u>		5. Date of Birth (Month, day, year) <u>Dec. 27, 1895</u>	
6. Sex <u>male</u>	7. Twin or Triplet <u>1st, 2nd, 3rd</u>	8. No. months of Pregnancy	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Alexander Duncan Morgan</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth. <u>51</u> yrs. 13. Birthplace. <u>Missouri</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Emma Turnidge</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth. <u>26</u> years 19. Birthplace. <u>Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child... <u>3</u> ... (b) Born alive and now living... <u>3</u> ... (c) Born alive and now dead..... (d) Stillborn.....			
24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date and at the place stated above, and that personal particulars were furnished by..... <u>Emma Morgan</u>, who is related to this child as..... <u>mother</u> (Mother, etc.) (First name) (Last name)			
26. (a) <u>Aug 26, 1940</u> (b) <u>Mar G. Atwood</u> (Date received) (Registrar's signature)		25. Attendant's OWN signature M.D. or..... (D.O., Midwife, etc.)	
27. Given name added on by..... (Registrar's signature)		and address Date	

State of..... Idaho }
County of..... Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Morgan....., being first duly sworn, say that I am..... related to.....
(Related to (or) acquainted with)
..... James Samuel Morgan..... as..... mother....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... Dr. Hamilton....., who attended said birth..... is now deceased..... and that this birth has not been..... previously recorded.
(Is now deceased (or) cannot be located)

Emma Morgan..... Name
2912 W. Brumback, Boise, Idaho. R. 1..... P. O. Address

Subscribed and sworn to before me on this..... 26th..... day of..... August, 1940.....

(SEAL)

Deth Pennington..... Notary Public, residing at..... Boise, Idaho.....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



**BOTH
DELAYED**

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

297886 297886
State File No.
Local Reg. No.
Reg. Dist. No.

AUG 19 1940

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Hope
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
In **THIS** county. years. months. days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. (b) County.
(c) City.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address. deceased
3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Lewis Guy Hunter
5. Date of Birth May 9, 1895
(Month, day, year)
6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Albert Hunter
11. Color White 12. Age at time of THIS birth. 29 yrs.
13. Birthplace Port Huron, Mich.
(City or town) (State or foreign country)
14. Exact Occupation Fireman on N.P. Railroad
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Ida Sophia Helen Hunter
17. Color White 18. Age at time of THIS birth. 19 years
19. Birthplace Woodland Cal.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.
(c) Born alive and now dead. (d) Stillborn.

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a) Aug 19 1940 (b) Mae G. Atwood
(Date received) (Registrar's signature)
27. Given name added on.....
(Registrar's signature)
25. Attendant's **OWN signature**.....M.D. or.....
(D.O., Midwife, etc.)
and address Date

State of Washington
County of Birch Anderson

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frankie Anderson, being first duly sworn, say that I am.....related to
(Name of person on certificate above) (State relationship or acquaintance)
Lewis Guy Hunter as Aunt, whose birth certificate
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Dr. Leaberg, who attended
said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this 16th day of August
Theo. A. Gram Notary Public, residing at Jacoma

(SEAL)

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Oneida
City of Preston
No. A553127 036-345 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

297947

AUG 26 1940

Registration District No. 540 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2119 Local Registrar's No. 33

2. FULL NAME OF CHILD William Fredrick Nelson

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth Jan 27, 1933
(Month, Day, Year)

9. Full name FATHER John Wallas Nelson

18. Full maiden name MOTHER Sina Lund

10. Residence (usual place of abode) Preston Ida 19. Residence (usual place of abode) Same
(If non-resident, give place and State) don't know (If non-resident, give place and State)

11. Color or race W 12. Age at last birthday don't know (years) 20. Color or race W 21. Age at last birthday 21 (years)

13. Birthplace (city or place) St Louis Mo. 22. Birthplace (city or place) Denmark
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Run a saw mill 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own mill 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 19 _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____ 19 _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 4 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed 8-22, 1940 G. W. States

Registrar.

Registrar.

13-12-41

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho }
County of Franklin } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Dagmar L. Jensen, ----- being first duly sworn says that
she is the Aunt of William Fredrick Nelson
(Relationship of child)*
born January 27th, 1895, at Preston, Franklin County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said William Fredrick Nelson

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that M.B.Shipp M. D. was the ~~midwife~~
medical attendant at the birth of said William Frederick Nelson and that
the said medical attendant is Deceased
(Now deceased (or) cannot be located)

Name of Affiant Dagmar L. Jensen

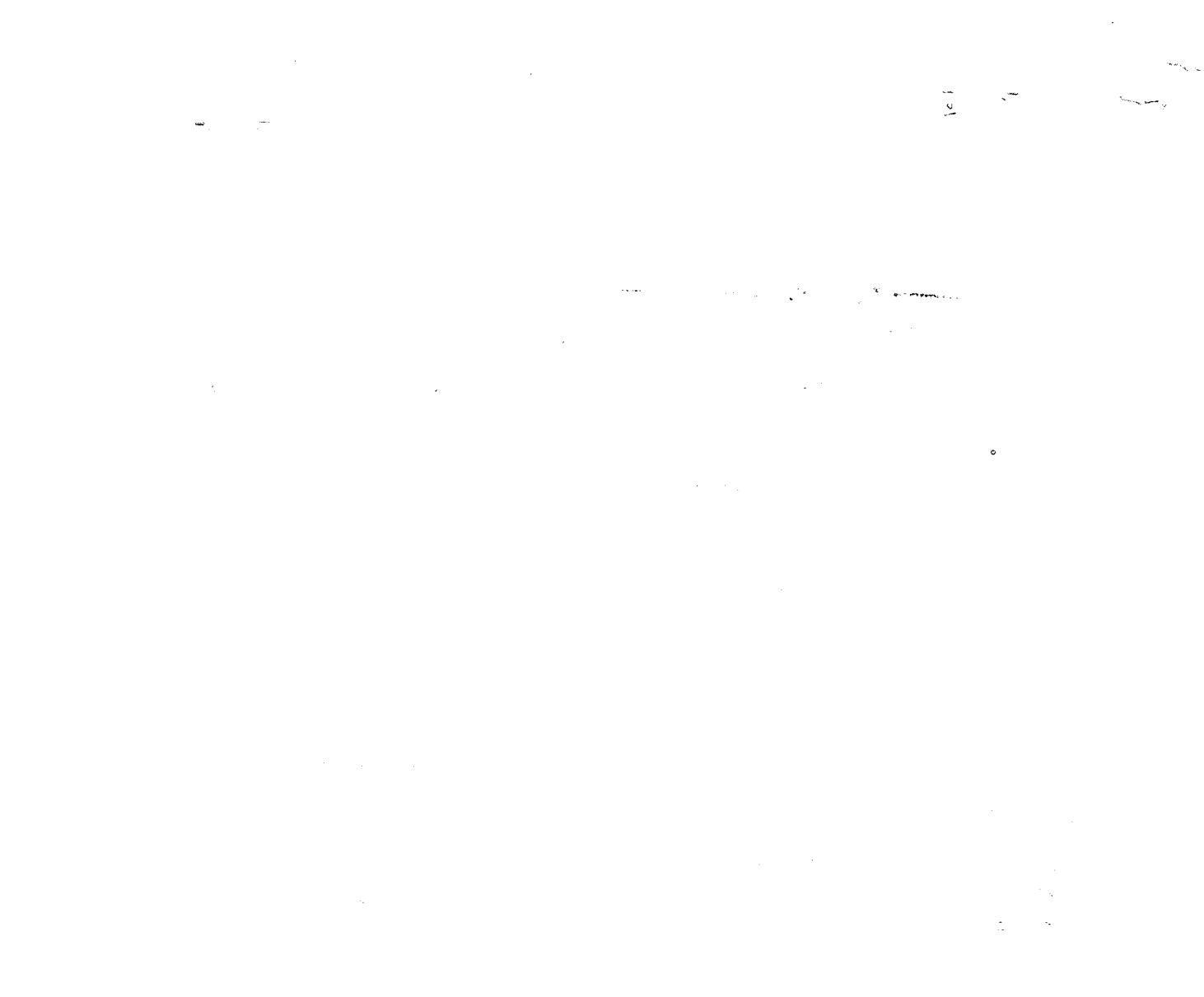
P. O. Address Preston, R.F.D.#1, Idaho.

Subscribed and sworn to before me this 22nd day of August, 1940

P. J. Evans
Notary Public.

Residing at Preston, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

396124 007-753

297968

297968

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

AUG 20 1940

1. PLACE OF BIRTH:
(a) County. Blaine (b) City. Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
In THIS county. years. months. days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State. Idaho (b) County. Blaine
(c) City. Hailey
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 1/2 yrs.
(f) Mother's mailing address. Hailey, Idaho
3. RESIDENCE OF FATHER (city, state) Hailey, Idaho

4. FULL NAME OF CHILD. Kriss Peter Crowther
6. Sex. Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth (Month, day, year). May 24 1895
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME. Walter M Crowther
11. Color or Race. White 12. Age at time of THIS birth. 39 yrs.
13. Birthplace. Rock County Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation. Methodist Minister
15. Industry or Business. Church

16. FULL MAIDEN NAME. Belle S. Petersen
17. Color or Race. White 18. Age at time of THIS birth. 23 years
19. Birthplace. Shelland Denmark
(City or town) (State or foreign country)
20. Exact Occupation. Housewife
21. Industry or Business.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. 2 (b) Born alive and now living. 2
(c) Born alive and now dead. (d) Stillborn.

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as (Mother, etc.) (First name) (Last name)

26. (a). Aug 28 1940 (b). Mae G. Howard
(Date received) (Registrar's signature)

25. Attendant's OWN signature. M.D. or (D.O., Midwife, etc.)
and address Date

27. Given name Bureau of Vital Statistics

State of. Iowa } ss.
County of. Linn

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

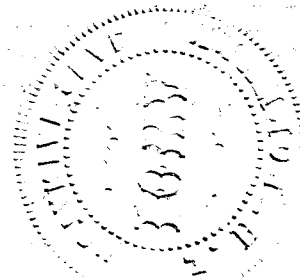
I, Mary Crowther Spence, being first duly sworn, say that I am related to Kriss Peter Crowther as elder sister, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Gue, who attended said birth. Is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 20 day of August, 1940.
(SEAL) Mary Crowther Spence Name
Cedar Rapids, Iowa P. O. Address
Notary Public, residing at Cedar Rapids, Iowa

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Elmore
City of Glenns Ferry
No. A362-221020-345 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

297971
297971

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Grace Augusta Costello

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Nov. 21st, 1895
(Month, Day, Year)

FATHER		MOTHER	
9. Full name	<u>Thomas Jenning Costello</u>	18. Full maiden name	<u>Martha Charlotte Cunningham</u>
10. Residence (usual place of abode) (If non-resident, give place and State)	<u>Portland Oregon</u>	19. Residence (usual place of abode) (If non-resident, give place and State)	<u>Portland Oregon</u>
11. Color or race <u>White</u>	12. Age at last birthday <u>43</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>23</u> (years)
13. Birthplace (city or place) (State or Country)	<u>Chicago Illinois</u>	22. Birthplace (city or place) (State or Country)	<u>Josephine County Oregon</u>
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Candy Maker</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	<u>Horsekeeper</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	<u>Confectionery</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	<u>Home</u>
16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work
19. _____	_____	19. _____	_____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

or _____, Midwife

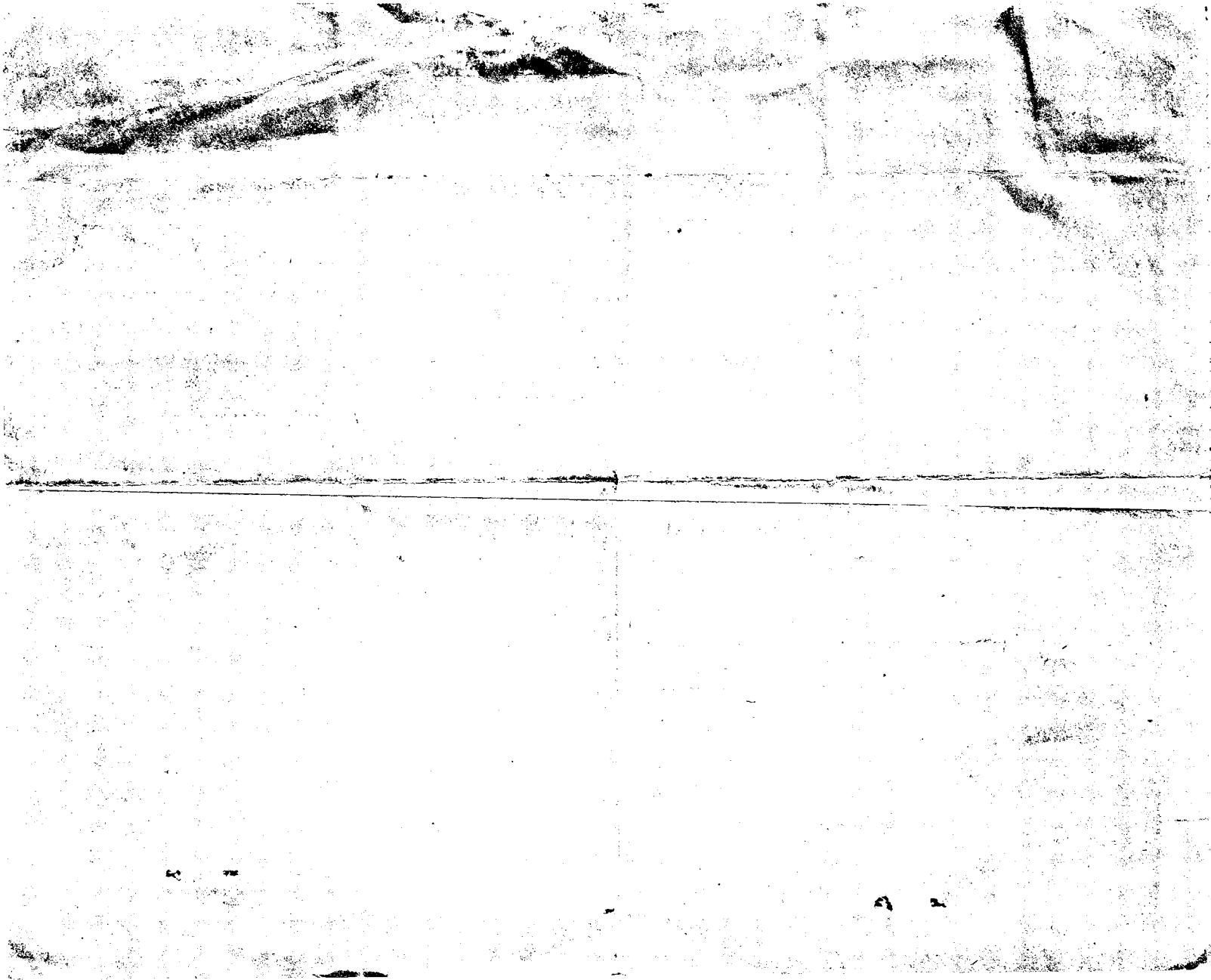
Give name added from a supplemental report _____

Address _____

(Date of) _____

Registrar. Mae G. Atwood

Filed August 28, 1996 Bureau of Vital Statistics Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon
County of Clatsop } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Orpha Ann Costello Burlingame being first duly sworn says that
she is the Sister of Grace Augusta Costello
(Relationship of child)*
born November 21st 1895 at Glenns Ferry, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Grace Augusta Costello

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mary Olsen M. D. was the
medical attendant at the birth of said Grace Augusta Costello Midwife
the said medical attendant is _____ and that

(Now deceased (or) cannot be located)

Name of Affiant Orpha Ann Costello Burlingame
P. O. Address 1104 - 8 St. S. E. Mpls. Minn

Subscribed and sworn to before me this 6th day of August, 1940

O. E. Feeple
My commission expires March 24 1941 Notary Public.
Residing at Oregon City Oregon, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

4154-230022-249
PLACE OF BIRTH
County of Prescott
City of Thoniton
No. _____ St. _____
Registration District No. 631 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 2178 Local Registrar's No. 197
2. FULL NAME OF CHILD May Yetteve Anderson
3. Sex Female If plural births { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legitimate? ✓ 8. Date of birth Dec. 30 1895 (Month, Day, Year)
9. Full name of FATHER Neil Henry Anderson 18. Full maiden name of MOTHER Emma Smith
10. Residence (usual place of abode) (If non-resident, give place and State) Thoniton 19. Residence (usual place of abode) (If non-resident, give place and State) Thoniton
11. Color or race W 12. Age at last birthday 22 (years) 20. Color or race W 21. Age at last birthday 43 (years)
13. Birthplace (city or place) (State or Country) Sweden 22. Birthplace (city or place) (State or Country) Cedar Fork Utah
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Freighter 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work life 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) 13
(a) Born alive and now living 12 (b) Born alive but now dead 1 (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive at 12:05 A m. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar. Dr. Woodburn M. D. (deceased)
Address Reynolds, Idaho
Filed 8-29-1940 by Mrs. Neysing Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Madison } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Emma Jenkins being first duly sworn says that
she is the sister of May A. Noon (May Yettevie Anderson)
(Relationship of child)*
born December 30th 1895 at Thornton, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that May Yettevie Anderson desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
ficate of birth of the said May Yettevie Anderson

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Woodburn M. D. was the
medical attendant at the birth of said May Yettevie Anderson Midwife
the said medical attendant is Now deceased and that
(Now deceased (or) cannot be located)

Name of Affiant Emma Jenkins
P. O. Address Thornton, Idaho.

Subscribed and sworn to before me this 29th day of August, 1940

Ralph A. Parker
Notary Public.
Residing at Reeburg, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

11

12

13

14

15

16

17

18

19

20

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

863-122 003-669

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **298020**

Local Reg. No.

Reg. Dist. No.

AUG 30 1940

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Gen. Delivery
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
In THIS county. 6 years. months. days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. Gen. Delivery
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address Pocatello, Idaho
3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** Thomas Forrest Holmes

5. Date of Birth 9/22/1895
(Month, day, year)

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** Lockhart P. Holmes
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Halifax, N. S., Canada
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Contractor

16. **FULL MAIDEN NAME** Elizabeth Forrest
17. Color or Race 18. Age at time of THIS birth 27 years
19. Birthplace Edinburgh, Scotland
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum X
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

26. (a) (b)
(Date received) (Registrar's signature)
27. Given name added on by
(Registrar's signature)

25. Attendant's OWN signature M.D. or
(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jennie C. Forrest McHan, being first duly sworn, say that I am related to Thomas Forrest Holmes as Aunt, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Agnes McMillan, who attended said birth, deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 23rd day of August, 1940.

(SEAL)

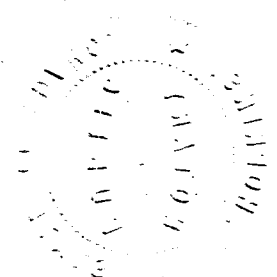
E. Noorins Notary Public, residing at Pocatello, Idaho.
My Commission Expires: August 19, 1943.

Jennie C. McHan Name
730 North Arthur, Pocatello, Idaho P. O. Address

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

863-214 035-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

298191

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County My. Pull. (b) City Southwick

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home.....days.

In THIS county.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County My. Pull.

(c) City Southwick

(d) Street Address or R.F.D. No. 1610-15th Ave.

(e) How long has MOTHER lived in Idaho? 41 yrs.

(f) Mother's mailing address:

3. RESIDENCE OF FATHER (city, state).....

4. FULL NAME OF CHILD

Myrtle Hollingworth

5. Date of Birth

(Month, day, year) Oct. 14, 1895

6. Sex

female

Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME

William Hollingworth

16. FULL MAIDEN NAME

Myrtle M. Hollingworth

11. Color or Race

white

12. Age at time
of THIS birth 24 yrs.

17. Color or Race

white

18. Age at time of
THIS birth 24 years

13. Birthplace

Washington

(City or town)

Idaho

(State or foreign country)

19. Birthplace

Washington

(City or town)

Idaho

(State or foreign country)

14. Exact Occupation

farmer

20. Exact Occupation

house wife

15. Industry or Business

farmer

21. Industry or Business

house wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

(Mother, etc.)

26. (a)

Sept. 10, 1940

(Date received)

(b)

Patricia Busby

(Registrar's signature)

25. Attendant's

OWN signature.....

M.D. or.....

(D.O., Midwife, etc.)

27. Given name added on.....

by.....

(Registrar's signature)

and address

Date

State of Washington } ss.

County of Asotin }

E. B. Hollingworth

being first duly sworn, say that I am.....related to

(Related to (or) acquainted with)

Myrtle Hollingworth as.....

(State relationship or acquaintance)

whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended

(Name of attendant at birth)

said birth.....and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

E. B. Hollingworth

Name

Blackston Wash

P. O. Address

Subscribed and sworn to before me on this 6th day of September, 1940

(SEAL)

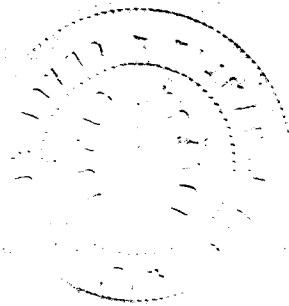
Evelyn L. Shuler

Notary Public, residing at Lawton, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

AS 56-205-000437 298285

1. PLACE OF BIRTH
County of Birth Curley Creek
City of Ida.
No. BONNER COUNTY St. _____
Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) SEP 18 1940 Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Lucy Eleanor Newton

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other 5. Number, in order of birth <u>1</u>	6. Premature _____ Full term _____	7. Legiti- mate? <u>✓</u>	8. Date of birth <u>Oct. 5, 1895</u> (Month, Day, Year)
-------------------------	--	---------------------------------------	------------------------------	--

9. Full name FATHER <u>Earl Willis Newton</u>	18. Full maiden name MOTHER <u>Annie McPherson</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) _____	19. Residence (usual place of abode) (If non-resident, give place and State) _____		
11. Color or race <u>White</u>	12. Age at last birthday <u>24</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>26</u> (years)
13. Birthplace (city or place) (State or Country) <u>Jefferson Co. Wisconsin</u>	22. Birthplace (city or place) (State or Country) <u>State of Illinois</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cook</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
16. Date (month and year) last engaged in this work _____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
3
(a) Born alive and now living 3 (b) Born alive but now dead None (c) Stillborn ✓

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from Earl Willis Newton
a supplemental report. _____
(Date of)

(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed Sep 18, 1940 Mae G. Atwood
Bureau of Vital Statistics Registrar.

002

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Washington }
County of Spokane } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Earl Willis Newton being first duly sworn says that
is the father of Lucy Eleanor Newton
(Relationship of child)*
born Oct. 5, 1895 at Curley Creek, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
cate of birth of the said Lucy Eleanor Newton

as stated therein, and that this birth has not been previously recorded, hereto attached are true and correct

Affiant further states that Mrs. E. H. Wise M. D. was the
medical attendant at the birth of said Lucy Eleanor Newton Midwife
the said medical attendant is now deceased and that
(Now deceased (or) cannot be located)

Name of Affiant Earl Willis Newton

P. O. Address

Subscribed and sworn to before me this 17th

day of September, 1940

Residing at Spokane, Wash., Idaho.

Notary Public.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962 105001-286
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **298386**
Local Reg. No.
Reg. Dist. No.

AUG 29 1940

- | | |
|--|---|
| 1. PLACE OF BIRTH:
(a) County... <u>Ada</u> (b) City... <u>Boise</u>
(c) Street Address or R.F.D. No. <u>14th. & Eastman</u>
(d) Name of Hospital or Maternity Home: <u>born at home</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home... days.
In THIS county... years... months... days. | 2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State... <u>Idaho</u> (b) County... <u>Ada</u>
(c) City... <u>Boise</u>
(d) Street Address or R.F.D. No. <u>13th. & Eastman</u>
(e) How long has MOTHER lived in Idaho? <u>4</u> yrs.
(f) Mother's mailing address... <u>Boise, Idaho</u>
3. RESIDENCE OF FATHER (city, state)... <u>same</u> |
|--|---|

- | | |
|--|---|
| 4. FULL NAME OF CHILD ... <u>Halle D. Robb</u>
6. Sex ... <u>male</u> 7. Twin or Triplet ... <u>no</u> 8. No. months of Pregnancy ... <u>nine</u>
9. Legitimate? <u>yes</u> | 5. Date of Birth ... <u>January 5, 1895</u>
(Month, day, year)... |
|--|---|

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|---|--|
| 10. FULL NAME ... <u>Albert D. Robb</u> | 16. FULL MAIDEN NAME ... <u>Margaret Myrtle Short</u> | 11. Color or Race ... <u>White</u> | 17. Color or Race ... <u>white</u> |
| 12. Age at time of THIS birth ... <u>23</u> yrs. | 18. Age at time of THIS birth ... <u>21</u> years | 13. Birthplace ... <u>Ashland, Nebraska</u>
(City or town) (State or foreign country) | 19. Birthplace ... <u>Ohio</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation ... <u>lineman</u> | 20. Exact Occupation ... <u>housewife</u> | 15. Industry or Business ... <u>telephone</u> | 21. Industry or Business ... |

- 22. Name prophylactic used to prevent Ophthalmia Neonatorum**.....
23. Number of children of this mother: (a) At time of birth and including this child... 2 (b) Born alive and now living... 2
(c) Born alive and now dead... none (d) Stillborn... none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at P M. on the date Aug 29 1940 and at the place stated above, and that personal particulars were furnished by Albert D. Robb, who is related to this child as father (First name) (Last name) (Mother, etc.)

- | | |
|--|---|
| 26. (a) (Date received) ... <u>Aug 29 1940</u> (b) (Registrar's signature) | 25. Attendant's OWN signature ... <u>Albert D. Robb</u> M.D. or (D.O., Midwife, etc.)
and address <u>Cascade, Idaho</u> Date <u>8-27-40</u> |
|--|---|

State of Idaho }
County of Valley } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Albert D. Robb, being first duly sworn, say that I am related to Halle D. Robb as father (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bowers (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 27 day of August, 1940
(SEAL) Randall Walker Notary Public, residing at Cascade, Idaho

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. 4319-219029-231 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

298436

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Edith Charlotte Carlson

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth Nov. 19 1895
(Month, Day, Year)

9. Full name FATHER Joseph Carlson

18. Full maiden name MOTHER Emma Christina Stake

10. Residence (usual place of abode)
(If non-resident, give place and State) Moscow, Idaho

19. Residence (usual place of abode)
(If non-resident, give place and State) Moscow, Idaho

11. Color or race White 12. Age at last birthday 35 (years)

20. Color or race White 21. Age at last birthday 34 (years)

13. Birthplace (city or place)
(State or Country) Sweden

22. Birthplace (city or place)
(State or Country) Sweden

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

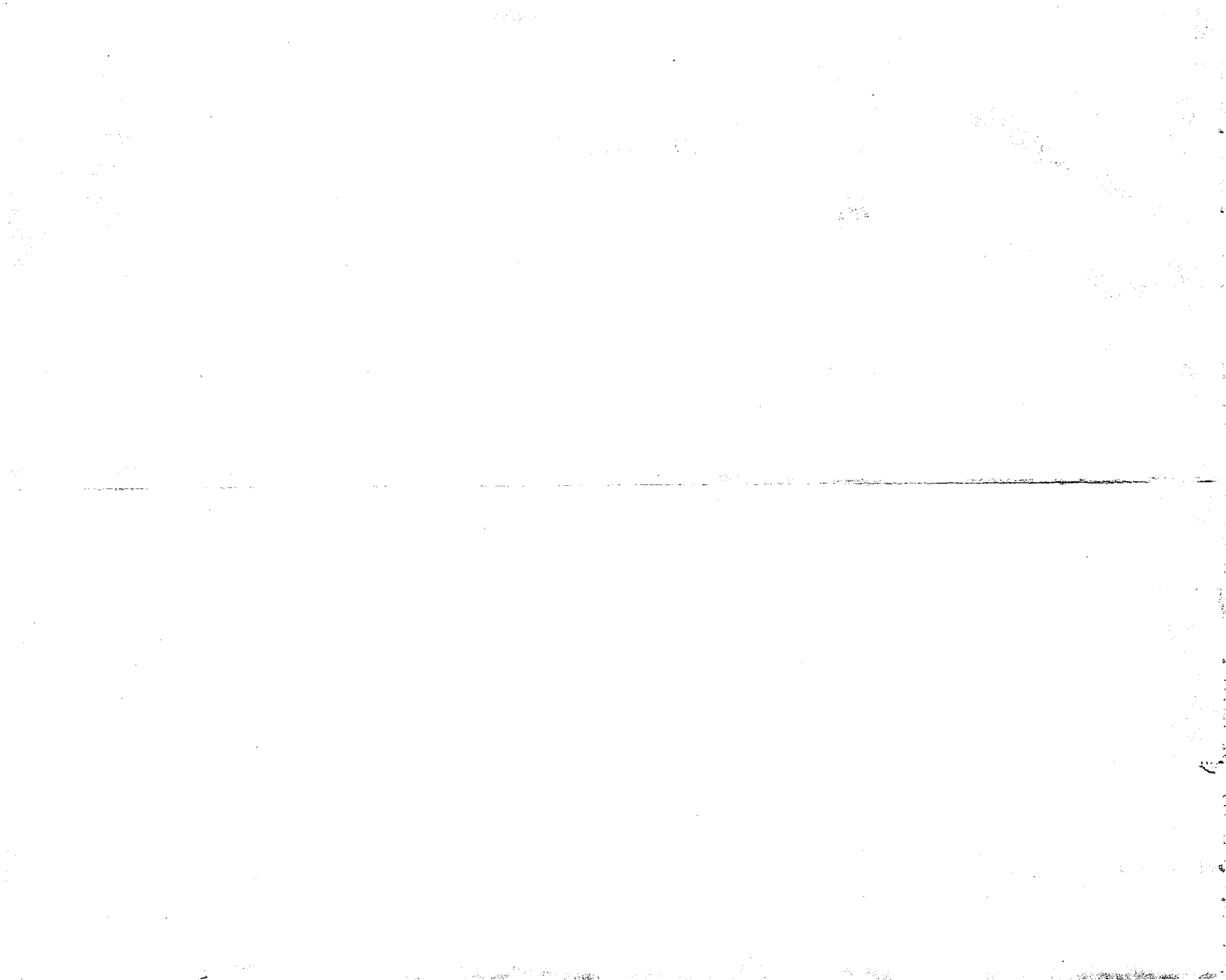
(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed Sept. 1940

Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

SEP 17 1940

State of

Idaho

County of

Key Pierce

AFFIDAVIT

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Emma Christina Carlson

being first duly sworn says that

she is the mother of Edith Charlotte Carlson
(Relationship of child)*

born

Nov 19-1895

at

Moscow

Idaho,

(Date of birth)

whose certificate of birth is hereto attached, and that

she desires to have the said birth

recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-

cate of birth of the said

Edith Charlotte Carlson

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that

Dr Britton

M. D., was the ~~Midwife~~

medical attendant at the birth of said

Edith Charlotte Carlson

and that

the said medical attendant is

deceased

(Now deceased (or) cannot be located)

Name of Affiant

Emma Christina Carlson

P. O. Address

Subscribed and sworn to before me this

24

day of

August

1940

A. R. Long

Notary Public.

NOTARY PUBLIC FOR IDAHO RESIDING AT LEWISTON

Residing at ~~LEWISTON~~ MY COMMISSION EXPIRES JULY 21, 1941 Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

765-108540173

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED
SEP 23 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

299552

State File No. 299552
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <i>Shoshone</i> (b) City <i>Wardner</i> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days. In THIS county. years. months. days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <i>Idaho</i> (b) County <i>Shoshone</i> (c) City <i>Hellog</i> (d) Street Address or R.F.D. No. <i>602-2d St</i> (e) How long has MOTHER lived in Idaho. yrs. (f) Mother's mailing address. <i>Hellog</i> 3. RESIDENCE OF FATHER (city, state) <i>deceased</i>	
4. FULL NAME OF CHILD <i>John Edwin Goettge</i>		5. Date of Birth <i>April-8</i> (Month, day, year) <i>1940</i>	
6. Sex <i>Male</i>	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <i>9</i>
9. Legitimate? <i>Yes</i>			
10. FULL NAME <i>Adam Goettge</i>		11. FULL NAME <i>Mary Auld Goettge</i>	
12. Color or Race <i>or lit-</i>		13. Age at time of THIS birth <i>3 1/2</i> yrs.	
14. Birthplace <i>Dover</i> (City or town) <i>Ohio</i> (State or foreign country)		15. Birthplace <i>Ayrshire</i> (City or town) <i>Scotland</i> (State or foreign country)	
16. Exact Occupation <i>mine</i>		17. Exact Occupation <i>House-wife</i>	
18. Industry or Business <i>Watchman</i>		19. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living. (c) Born alive and now dead. (d) Stillborn.			

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a) *Sep 23, 1940* (b) *Mae G. Stwood*
Date (Register's signature)
27. Given name added on.....by.....
(Registrar's signature)

25. Attendant's OWN signature.....M.D. or (D.O., Midwife, etc.)
and address Date

State of *Idaho* ss.
County of *Shoshone*

I, *Mary Auld Goettge* being first duly sworn, say that I am.....
(Name of person on certificate above) (State relationship or acquaintance)
John Edwin Goettge his mother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that *Dr. Harrington*, who attended said birth, *is now deceased* and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mrs. Mary A. Goettge Name
602-2d St. Hellog, Ida. P. O. Address
Sept. 1940
Subscribed and sworn to before me on this.....day of.....
(SEAL) *W. J. Dunwoody* Notary Public, residing at *Hellog, Ida.*

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **299752**
Local Reg. No.
Reg. Dist. No.

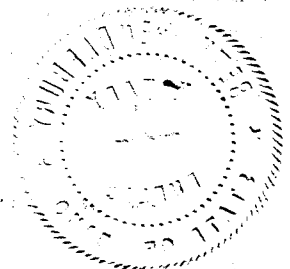
1. PLACE OF BIRTH: (a) County... <u>Elmore</u> (b) City... <u>Mountain Home</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home.....days. In THIS county.....years.....months.....days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State... <u>Idaho</u> (b) County... <u>Elmore</u> (c) City... <u>Mountain Home</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho?..... <u>7</u> yrs. (f) Mother's mailing address... <u>Mountain Home</u> 3. RESIDENCE OF FATHER (city, state) <u>Mountain Home</u>	
4. FULL NAME OF CHILD <u>Verda Susan Turner</u>		5. Date of Birth (Month, day, year) <u>April 24 1895</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Charles Freeman Turner</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>36</u> yrs. 13. Birthplace <u>Manetta Ohio</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Stationary Engineer</u> 15. Industry or Business <u>Saw Mill</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Lura Beth Davidson</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>28</u> years 19. Birthplace <u>Filledith Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living..... (c) Born alive and now dead..... (d) Stillborn.....			
24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... <u>8 A.</u> M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (Mother, etc.) (First name) (Last name)			
26. (a) <u>9/20/08</u> (Date received) (b) <u>Mae G. Atwood</u> (Registrar's signature)		25. Attendant's OWN signature M.D. or..... (D.O., Midwife, etc.)	
27. Given name added on by <u>Bureau of Vital Statistics</u> (Registrar's signature)		and address Date	

State of Idaho } ss.
County of Ada }
I Lura Beth Turner Yaland, being first duly sworn, say that I am related to
Verda Susan Turner as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937, Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Dr. Smith, who attended
said birth is now deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.
Lura Beth Turner Yaland Name
1109 Euclid P. O. Address
Subscribed and sworn to before me on this 26th day of September
Beth Beadley Notary Public, residing at Boise, Idaho
(SEAL)

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **299760**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County. ADA (b) City. So. Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
In **THIS** county. years. months. days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. (b) County.
(c) City.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address.
3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** RITA MADGE ROBERTS 5. Date of Birth MARCH 7 1895
(Month, day, year)
6. Sex. FEMALE 7. Twin or Triplet 1st, 2nd, 3rd 8. No. months of Pregnancy YES 9. Legitimate? YES

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|---|--|
| 10. FULL NAME <u>HATTLEY WALLACE ROBERTS</u> | 16. FULL MAIDEN NAME <u>SALE HANNAH MARBAKER</u> | | |
| 11. Color or Race <u>WHITE</u> | 17. Color or Race <u>WHITE</u> | 12. Age at time of THIS birth. <u>44</u> yrs. | 18. Age at time of THIS birth. <u>40</u> years |
| 13. Birthplace <u>Laceyville Pa</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Laceyville Pa</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>carpenter</u> | 20. Exact Occupation <u>Housewife</u> | | |
| 15. Industry or Business | 21. Industry or Business | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. 9 (b) Born alive and now living. 8
(c) Born alive and now dead. (d) Stillborn. 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) 10/3/40 (b) Mae G. Ottwood
(Date received) (Registrar's signature)
27. Given name added on by State Registrar
(Registrar's signature)
25. Attendant's **OWN signature** M.D. or
(D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Ada

I, Ora Williams, being first duly sworn, say that I am sister related to
Rita Madge Roberts as sister
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mr. Springer, who attended said birth, is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

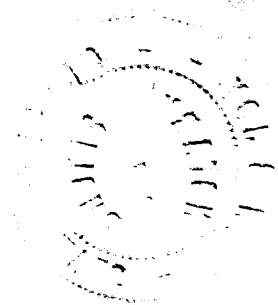
Subscribed and sworn to before me on this 29 day of October, 1940.
(SEAL) W. H. H. H. H. Notary Public, residing at Boise, Ida

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **299823**
Local Reg. No.
Reg. Dist. No.

478-131-237-764 299823

1. PLACE OF BIRTH: (a) County <u>OWYHEE</u> (b) City <u>ROCKVILLE</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days. In THIS country. <u>1</u> years. <u>6</u> months. days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>IDAHO</u> (b) County <u>OWYHEE</u> (c) City <u>ROCKVILLE</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>1916</u> yrs. (f) Mother's mailing address <u>ROCKVILLE</u> 3. RESIDENCE OF FATHER (city, state) <u>ROCKVILLE, IDA.</u>	
4. FULL NAME OF CHILD <u>FRANK WILLIAM UPHAM</u>		5. Date of Birth (Month, day, year) <u>3-31-1896</u>	
6. Sex <u>MALE</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9 mo. 20 d.</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>WILLIAM HENRY UPHAM</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>34</u> yrs. 13. Birthplace <u>SAN FRANCISCO CALIF.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>POST MASTER</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>SUSAN LANG GOULD</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>21</u> years 19. Birthplace <u>BRISTOL ENG.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>WIFE</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u> (c) Born alive and now dead <u>none</u> (d) Stillborn <u>none</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who, was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as (Mother, etc.) (First name) (Last name)			
26. (a) <u>Oct 4, 1940</u> (b) <u>Mae G. Atwood</u> (Date recorded) (Registrar's signature)		25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.) and address Date	
27. Given name added on by (Registrar's signature)			

State of California } ss.
County of Orange }

Guson Dullaughter, being first duly sworn, say that I am the Mother of
(Name of person on certificate above) (State relationship or acquaintance)
Frank William Upham as appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ed. Adams, who attended said birth, is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 2nd day of October 1940.
(SEAL) Jed J. Smith Notary Public, residing at Real Beach, Calif.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

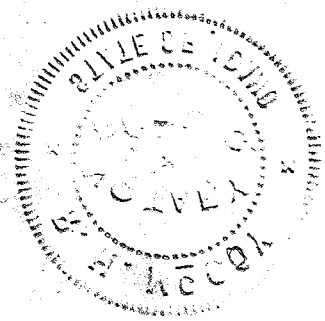
1. PLACE OF BIRTH County of <u>Blaine</u> City of <u>Hailey</u> No. _____ St. _____		RECEIVED OCT 3 1940 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 299860	
(If born in hospital or institution give name.)		Registration District No. _____ State File No. 299860	
2. FULL NAME OF CHILD Corinne Maria Snider		Prim. Registration District No. _____ Local Registrar's No. _____	
3. Sex Female	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term X	7. Legitimate? Yes
9. Full name FATHER Peter Snider, Deceased		8. Date of birth 7/28/05 , 193 (Month, Day, Year)	
10. Residence (usual place of abode) (If non-resident, give place and State) Hailey, Idaho		18. Full maiden name MOTHER Maria Grace Pichel	
11. Color or race White		19. Residence (usual place of abode) (If non-resident, give place and State) Hailey, Idaho	
12. Age at last birthday _____ (years)		20. Color or race White	
13. Birthplace (city or place) Chiavenna, Italy (State or Country)		21. Age at last birthday _____ (years)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner		22. Birthplace (city or place) Chiavenna, Italy (State or Country)	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mine		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife	
16. Date (month and year) last engaged in this work _____, 19 00		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House	
17. Total time (years) spent in this work 25		25. Date (month and year) last engaged in this work _____, 19 20	
26. Total time (years) spent in this work 33		27. What prophylactic was used to prevent Ophthalmia Neonatorum? None	
28. Number of children of this mother Five (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead None (c) Stillborn None		29. If stillborn, period of gestation None { months or weeks	
30. Cause of Stillbirth None { During labor Before labor			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) **Mrs. Newman, Deceased**
or **Maria G. Snider** Mother, Hailey, Idaho
Address **P.O. McCoy, Notary Public**
Filed **Oct 3, 1940** **Maria G. Howard**
Bureau of Vital Statistics, Registrar.



259-228-007-743

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

007

State of IdahoCounty of Blaine

AFFIDAVIT

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Maria Snider

being first duly sworn says that

she

is the

Mother

of

Corinne Snider

(Relationship of child)*

born July 28, 1895

at

Hailey, Idaho

Idaho,

(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the saidCorinne Sniderhereto attached are true and correct as stated therein, and that this birth has not been previously recorded.Affiant further states that Mrs. Newman~~XXX~~ was the
Midwifemedical attendant at the birth of said Corinne Snider and thatthe said medical attendant is Now Deceased

(Now deceased (or) cannot be located)

Name of Affiant

Maria Grace Snider

P. O. Address

Hailey, Idaho

Subscribed and sworn to before me this

13th

day of

July,19 40R. H. McLaughlin

Notary Public.

Residing at

Hailey

Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1990

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Idaho
City of Moscow Ida.
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

299887

299887

Registration District No. 200 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. 1217

2. FULL NAME OF CHILD Edith Sarah Burgess

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Sept 23rd 1895
5. Number, in order of birth _____ Full term X (Month, Day, Year)

9. Full name FATHER David Monroe Burgess
10. Residence (usual place of abode) Moscow Ida.
(If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 34 (years)
13. Birthplace (city or place) Indiana
(State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work Life

18. Full maiden name MOTHER Matilda Jane Rogers
19. Residence (usual place of abode) Moscow Ida.
(If non-resident, give place and State)
20. Color or race White 21. Age at last birthday 33 (years)
22. Birthplace (city or place) Oregon
(State or Country)
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate
28. Number of children of this mother (At time of this birth and including this child) Five
(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report Theodosia Finch
(Date of) _____

(Signed) _____, M. D.

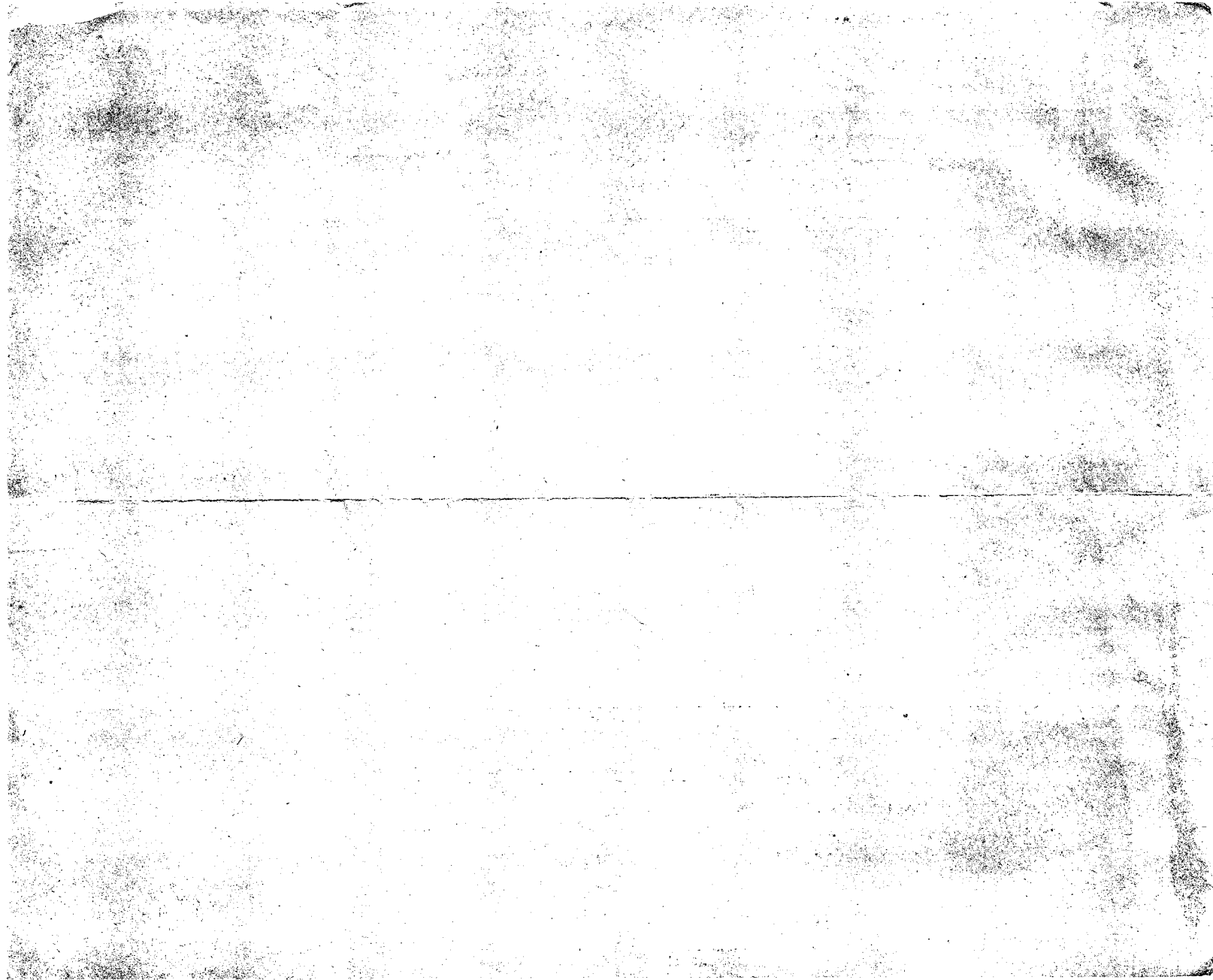
or _____, Midwife

Address _____

Filed 10-5-40, 193 Harry Embrose
Registrar,

Registrar,

Registrar,



249-223-024-967

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICSState of WashingtonCounty of King

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

(Mrs.) Theodosia Finch

being first duly sworn says that

she is the cousin

(Relationship of child)*

of Mrs. Edith S. Burgess Butterfieldborn September 23, 1895

(Date of birth)

at Moscow

Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the saidMrs. Edith S. Burgess Butterfield, 9015 - 12th N.E.Seattle, Washingtonhereto attached are true and correct as stated therein, and that this birth has not been previously recorded.Affiant further states that Dr. GritmanM. D., was the
Midwife—medical attendant at the birth of said Mrs. Edith S. Burgess Butterfield

and that

the said medical attendant is now deceased

(Now deceased (or) cannot be located)

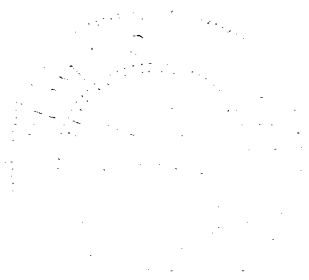
Name of Affiant Theodosia FinchP. O. Address 604 East 72nd, Seattle, WashingtonSubscribed and sworn to before me this 17th day of September, 1940Hazel L. Clement

Notary Public.

Residing at Seattle, Washington, Idaho—

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1 copy made 10/24/40/ L.B.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Canyon</u> City of <u>Middletown</u> No. _____ St. _____		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 299947	
(If born in hospital or institution give name.)		Registration District No. _____ State File No. <u>299947</u>	
2. FULL NAME OF CHILD <u>Frank William Emehiser</u>		Prim. Registration District No. _____ Local Registrar's No. _____	
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? _____
8. Date of birth <u>Aug 14</u> 1895 (Month, Day, Year)			
9. Full name FATHER <u>William Frank Emehiser</u>		18. Full maiden name MOTHER <u>Laura Emma Critzer</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Middletown</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Middletown</u>	
11. Color or race <u>White</u>		12. Age at last birthday <u>36</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Indiana</u>		20. Color or race <u>White</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Common Labor</u>		21. Age at last birthday <u>18</u> (years)	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		22. Birthplace (city or place) (State or Country) <u>Texas</u>	
16. Date (month and year) last engaged in this work _____, 19____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____	
17. Total time (years) spent in this work <u>Lifetime</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>	
25. Date (month and year) last engaged in this work _____, 19____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother <u>1</u> (At time of this birth and including this child) (a) Born alive and now living <u>yes</u> (b) Born alive but now dead _____ (c) Stillborn _____			
29. If stillborn, period of gestation _____ months or weeks		30. Cause of Stillbirth _____ During labor _____ Before labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 12 noon on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.

or _____

Address _____

Filed Oct 16 1914

Bureau of Vital Statistics
Registrar.

545-114-014-399

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

RECORDED

State of Idaho
County of Kootenai

OCT 16 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Emma Emehiser being first duly sworn says that
she is the Mother of Frank William Emehiser
(Relationship of child)*
born August 14th, 1895 at Middleton, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Frank William Emehiser

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that NONE, M. D., was the Midwife medical attendant at the birth of said and that the said medical attendant is

(Now deceased (or) cannot be located)

Name of Affiant Mrs. Emma Emehiser - Mother

P. O. Address 1215 Front Avenue, Coeur d'Alene, Idaho

Subscribed and sworn to before me this 14th day of October, 1940

[Signature]
Notary Public.

Residing at Coeur d'Alene, Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUN 22 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

299997
State File No. 299997
Local Reg. No. 299997
Reg. Dist. No.

218-212-029-297

1. **PLACE OF BIRTH**
(a) County. Latah (b) City. near Moscow
(c) Street Address or R.F.D. No. RECEIVED
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. 4 days.
In THIS county. 4 years. 0 months. 0 days. **OCT 14 1940**

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. Idaho (b) County. Latah
(c) City. near Moscow
(d) Street Address or R.F.D. No. RECEIVED
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address. Genesee Idaho

3. **RESIDENCE OF FATHER** (city, state). Idaho

4. **FULL NAME OF CHILD** Glenna Essie Kays

5. **Date of Birth** (Month, day, year) Mar. 12. 1895

6. **Sex** female 7. **Twin or Triplet** 1st, 2nd, 3rd 8. **No. months of Pregnancy** 9 9. **Legitimate?** Yes

FATHER OF CHILD

10. **FULL NAME** George Washington Kays

11. **Color or Race** white 12. **Age at time of THIS birth** 45 yrs.

13. **Birthplace** Galzburg Illinois
(City or town) (State or foreign country)

14. **Exact Occupation** Farmer

15. **Industry or Business**

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Sigman

17. **Color or Race** white 18. **Age at time of THIS birth** 45 years

19. **Birthplace** Galzburg Ill.
(City or town) (State or foreign country)

20. **Exact Occupation** Housewife

21. **Industry or Business**

22. **Name prophylactic used to prevent Ophthalmia Neonatorum**

23. **Number of children of this mother:** (a) At time of birth and including this child. 7 (b) Born alive and now living. 6
(c) Born alive and now dead. 2 (d) Stillborn.

24. I HEREBY CERTIFY That I was present at the birth of this child, who was alive at 6 P.M. on the date and at the place stated above, and that personal particulars were furnished by Daisy Kirkaid, who is related to this child as Sister (First name) (Last name)
(Mother, etc.)

26. (a) 10-14-40 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics by Registrar's signature

25. **Attendant's OWN signature** Daisy Kirkaid **M.D. or** 6 P.M. **(D.O., Midwife, etc.)**
and address **Date**

State of Washington } ss.
County of Perce

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Daisy Kirkaid, being first duly sworn, say that I am related to (Related to (or) acquainted with) as sister (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I was one of those (Name of attendant at birth) who attended said birth. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 29th day of August, 1940

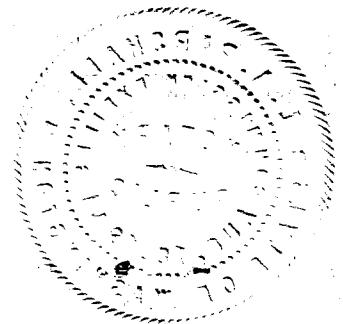
Notary Public, residing at Tacoma, W.

(SEAL)

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



A F F I D A V I T .

Daisy Kinkaid, being first duly sworn, on oath deposes and says;-

The attached Certificate of Birth of the State of Idaho relating to the birth of GLENNA ESSIA KAYS (now Glenna German) is to certify that the said Glenna Essia Kays, was born at Latah County, Idaho, near Moscow, on the 12th. day of March, 1895. That I am the ~~mark~~^{sister} of the said Glenna Essia Kays German, and that I was present at the time of her birth.

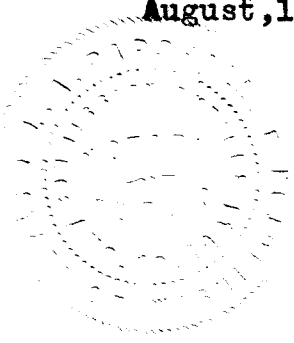
That this affidavit is for the sole purpose of verifying the date and place of the birth of said Glenna Essia Kays German.

Mrs Daisy Kinkaid

Sister of said Glenna Essia Kays German.

Subscribed and sworn to before me this 29th day of August, 1940 at Tacoma, Washington.

[Signature]
Notary Public in and for the State
of Washington, residing at Tacoma.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Kendrick
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 300080

Prim. Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Hugh Austin Miller

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other. <u>✓</u>	6. Premature. <u>—</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Oct. 11</u> , 189 <u>5</u> (Month, Day, Year)
		5. Number, in order of birth <u>—</u>	Full term <u>Yes</u>		

9. Full name FATHER
Austin Burr Miller
10. Residence (usual place of abode)
(If non-resident, give place and State) Kendrick, Ida.
11. Color or race White 12. Age at last birthday 27 (years)
13. Birthplace (city or place) New Lyme, Ohio
(State or Country)

18. Full maiden name MOTHER
Laura Elvira Mann
19. Residence (usual place of abode)
(If non-resident, give place and State) Kendrick, Ida.
20. Color or race White 21. Age at last birthday 23 (years)
22. Birthplace (city or place) Ashtabula, Ohio
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. steam engineer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. saw mill
16. Date (month and year) last engaged in this work Oct., 1895
17. Total time (years) spent in this work Unknown

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living one (b) Born alive but now dead Two (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of stillbirth _____ { Before labor. During labor.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed Oct 16, 1910 Max G. Atwood
Registrar.

1882

11

1882

11

1882

493-111-029-415

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

RECEIVED

State of Oregon }
County of _____ } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Harlan J. Miller being first duly sworn says that
he is the uncle of Hugh Austin Miller
(Relationship of child)*
born October 11, 1895 at Kendrick, Latah Co., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Hugh Austin Miller

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that (Unknown) M. D. was the
medical attendant at the birth of said Hugh Austin Miller and that
the said medical attendant is (Unknown)
(Now deceased (or) cannot be located)

Name of Affiant Harlan J. Miller

P. O. Address 4108 NE 1109th Portland Oregon

Subscribed and sworn to before me this 7th

day of October, 1940

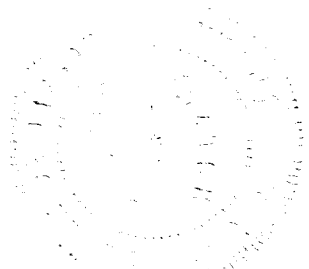
J. W. Cormany
Notary Public.

Residing at Portland, Oregon, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My commission expires Jan 6, 1942

one copy 10/23/40 L.B.



4419-231 035-413

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. no street number St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

OCT 19 1995 CERTIFICATE OF BIRTH

301195

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Olga Marek, now Mrs. James F. Houf

3. Sex female If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth. _____ 6. Premature. _____ Full term yes 7. Legitimate? yes 8. Date of birth Oct 31, 1995 (Month, Day, Year)

9. Full name John Albert Marek FATHER
10. Residence (usual place of abode) (If non-resident, give place and State) Lewiston 2da
11. Color or race white 12. Age at last birthday 24 (years)

18. Full maiden name Katherine Machauk (Marek) MOTHER
19. Residence (usual place of abode) (If non-resident, give place and State) Lewiston 2da
20. Color or race white 21. Age at last birthday 20 (years)

13. Birthplace (city or place) Stary John, Bohemia (State or Country) now Czechoslovakia

22. Birthplace (city or place) Nedvedice, Bohemia (State or Country) now Czechoslovakia

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maorn Work
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 6 yrs

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none used

28. Number of children of this mother (At time of this birth and including this child) First Born.
(a) Born alive and now living. _____ (b) Born alive but now dead. _____ (c) Stillborn. _____

29. If stillborn, period of gestation _____ { months _____ or weeks _____ 30. Cause of stillbirth. _____ { Before labor. _____ During labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

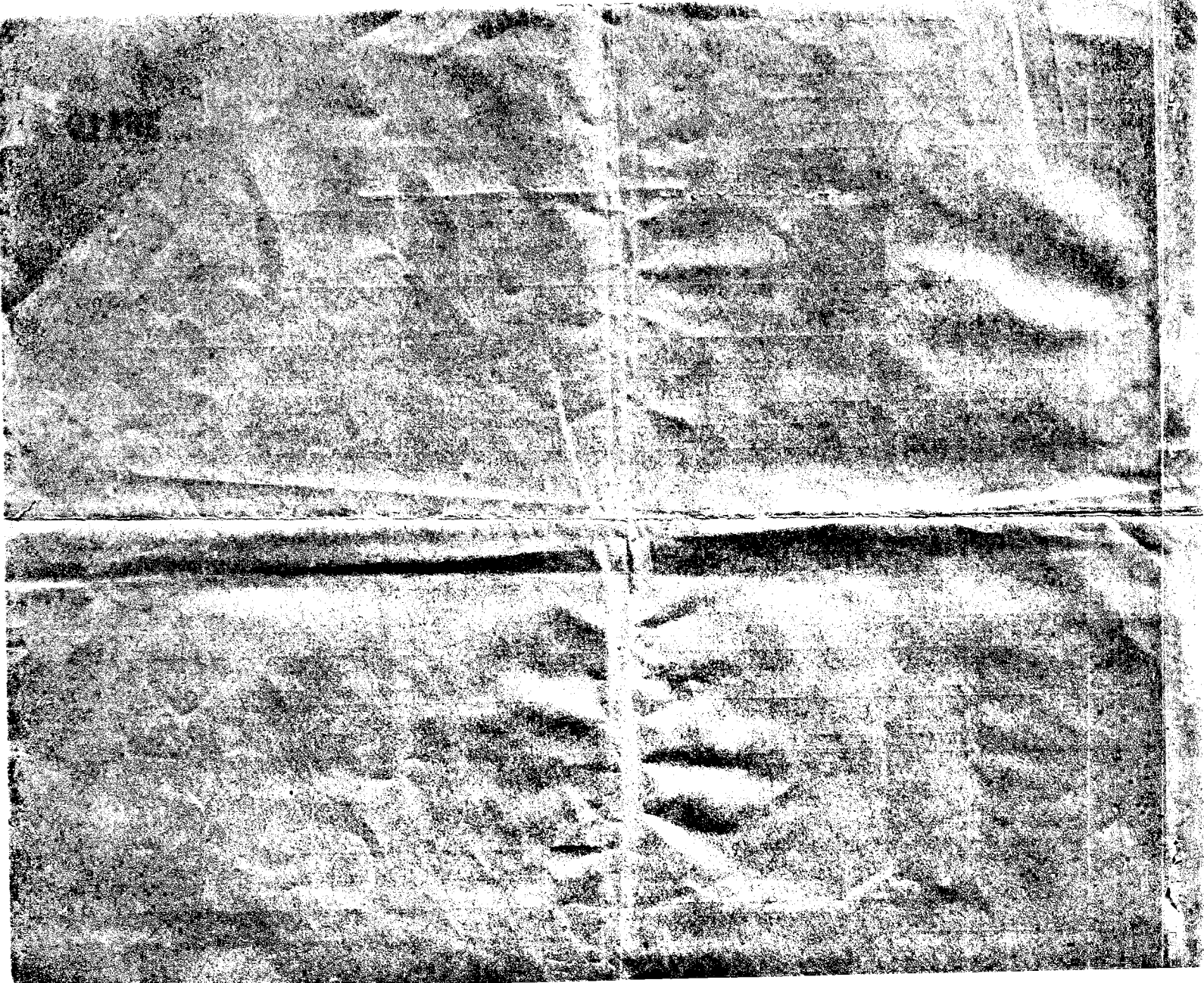
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Born Alive or Stillborn) attending physician W. V. Moxley Madison Street
(Signed) Father John A. Marek _____, M. D.
Address Lewiston 2da _____, Midwife

(Date of) 6507 Filed Oct 15, 1995 Patricia Burke Registrar.
Fathers Present Address. 6507-1-5-33 1/2 Ave Portland Ore



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Oregon

County of Multnomah

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John Albert Marek

he is the father of Olga Marek, now Mrs. James F. Houf
(Relationship of child)*

born October 31st/1895 at Lewiston, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Olga Marek, now Mrs. James F. Houf

are hereto attached are true and correct as stated therein and that this birth has not been previously recorded.

Affiant further states that Doctor Moxley

M. D. was the ~~XXXXX~~

medical attendant at the birth of said Olga Marek and that
the said medical attendant is cannot be located

(Now deceased (or) cannot be located)

Name of Affiant John Albert Marek

P. O. Address 6507 N. E. 33 Avenue

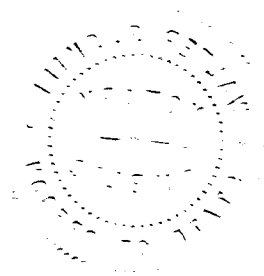
Subscribed and sworn to before me this 12th day of October, 1940

W. S. Skiff
for Oregon, My commission expires July 19/1943
Residing at Portland, Oregon ~~XXXX~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

✓ 82
00/3.100

50



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

301216
State File No. 301216
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County... Swyhee (b) City... Oreana
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home... days.
In THIS county... years... months... days.

4. FULL NAME OF CHILD Clarence Otis Hyde

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Benjamin H. Hyde

11. Color or Race White 12. Age at time of THIS birth 38 yrs.

13. Birthplace Rome New York
(City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State... Idaho (b) County... Swyhee
(c) City... Oreana
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 6 yrs.

(f) Mother's mailing address... Oreana

3. RESIDENCE OF FATHER (city, state) Oreana Id

5. Date of Birth 9/8 1895
(Month, day, year)

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma May Retan

17. Color or Race White 18. Age at time of THIS birth 28 years

19. Birthplace Chesaning Michigan
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child... 2 (b) Born alive and now living... 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was... at... M. on the date
(born alive, stillborn) and at the place stated above, and that personal particulars were furnished by... who is related to this child as...
(Mother, etc.) (First name) (Last name)

26. (a) Signature of Registrar (b) Mae G. Atwood 25. Attendant's OWN signature... M.D. or...
(D.O., Midwife, etc.)

27. Given name added on... by... and address... Date...
(Registrar's signature)

State of... Idaho } ss.
County of... Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Benjamin H. Hyde, being first duly sworn, say that I am... related to...
(Name of person on certificate above) (State relationship or acquaintance)
Clarence Otis Hyde is... mother... whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1933 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that... Mrs. John Payne... who attended said birth...
(Name of attendant at birth)
and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this... 28th day of... October
(SEAL) Notary Public, residing at... Boise, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AS15730004-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **301329**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>BEAR LAKE</u> (b) City <u>BENNINGTON</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: <u>OCT 30 1940</u> In Hosp. or Mat. Home.....days. In THIS county.....years.....months.....days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>IDAHO</u> (b) County <u>BEAR LAKE</u> (c) City <u>BENNINGTON</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>7</u> yrs. (f) Mother's mailing address <u>BENNINGTON IDAHO</u>	
4. FULL NAME OF CHILD <u>HERSCHEL HARRISON VAN ORMAN</u>		5. Date of Birth (Month, day, year) <u>AUG. 30th 1895</u>	
6. Sex <u>MALE</u>	7. Twin or Triplet <u> </u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>RANSOM ABRAHAM VAN ORMAN</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>27</u> yrs. 13. Birthplace <u>SALT LAKE CITY, UTAH</u> (City or town) (State or foreign country) 14. Exact Occupation <u>FARMER</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>MINNIE MALMBERG</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>25</u> years 19. Birthplace <u>BIRGHAM CITY, UTAH</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSE WIFE</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>4</u> (c) Born alive and now dead <u>1</u> (d) Stillborn.....			
24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date..... and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (Mother) <u>Mae G. Atwood</u> (First name) (Last name)			
26. (a) <u>Oct. 30, 1940</u> (Date received) (b) <u>Mae G. Atwood</u> (Registrar's signature)		25. Attendant's OWN signatureM.D. or..... (D.O., Midwife, etc.) and address.....Date.....	
27. Given name added on by <u>Registrar</u> (Registrar's signature)			

State of..... }
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am.....
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended said birth.....and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this.....day of.....
(SEAL).....Notary Public, residing at.....
Name.....
P. O. Address.....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Utah
County of Salt Lake } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Margaret V. Johnson being first duly sworn says that
she is the sister of Herschel Harrison Van Orman
(Relationship of child)
born April 7, Aug. 30, 1895 at Bennington, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Herschel Harrison Van Orman
hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that _____, M. D., was the Midwife
medical attendant at the birth of said _____ and that
the said medical attendant is _____

(Now deceased (or) cannot be located)

Name of Affiant Margaret V. Johnson

P. O. Address 26 South 3d East, Salt Lake City

Subscribed and sworn to before me this 17 day of October, 1940

Carl Jackson
Notary Public.
Residing at Salt Lake City, Utah

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

July 16, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

811-217-035-515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **301330**
Local Reg. No.
Reg. Dist. No. **222**

1. PLACE OF BIRTH:

(a) County Mykense (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery: **OCT 30 1940**
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Mykense
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho?..... yrs.
(f) Mother's mailing address Lewiston, Idaho

3. RESIDENCE OF FATHER (city, state) Lewiston, Idaho

4. FULL NAME OF CHILD

Norma Josephine Haaser

5. Date of Birth (Month, day, year) Nov. 17, 1895

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Stephen Haaser
11. Color or Race white 12. Age at time of THIS birth 0 yrs.
13. Birthplace Germany
(City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

16. FULL MAIDEN NAME Susie Elizabeth Nance
17. Color or Race white 18. Age at time of THIS birth 0 years
19. Birthplace Humansville, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

26. (a) Oct 28, 1940 (b) Patricia Burke
(Date received) (Registrar's signature)

25. Attendant's OWN signature..... M.D. or.....
(D.O., Midwife, etc.)

27. Given name added on..... by.....
(Registrar's signature)

and address Date

State of Idaho }
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Susie Elizabeth Haaser, being first duly sworn, say that I am..... related to
Norm Josephine Haaser as..... Mother..... (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that..... Dr. Shaff....., who attended
said birth..... is now deceased..... (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Susie Elizabeth Haaser Name
Murray, Idaho P. O. Address

Subscribed and sworn to before me on this 25th day of October

(SEAL)

Heleen C. McKee

Notary Public, residing at Murray, Idaho

Com. Expires 4-19-42

AUG 15 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of order of birth stated.

1. PLACE OF BIRTH 414120-
County of Canyon 014-434 —TIED
City of Hamphra
No. St.

(If born in hospital or institution give name.)

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD William Edgar Dame

3. Sex male If plural births { 4. Twin, triplet, or other 6. Premature 7. Legitimate? yes 8. Date of birth Nov. 20 1895
Boy { 5. Number, in order of birth Full term (Month, Day, Year)

9. Full name FATHER George Edgar Dame

10. Residence (usual place of abode) (If non-resident, give place and State) Nampa, Ida.

11. Color or race white 12. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or country) Boston, Mass.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Blacksmith shop

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 8 years

19. in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Sol. of Mt.

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn

29. If stillborn, { months } 30. Cause of stillbirth { Before labor
period of gestation { or weeks } During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at m. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report (Date of)

(Signed) J. H. Murray M. D.

or Midwife

Address Nampa Idaho

Filed 11-1-40 193 Nov 8 Attwood

Registrar.

Registrar.

17
17/1/17

17/1/17

17/1/17

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

553720029395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED
CERTIFICATE OF BIRTH
STATE OF IDAHO

301386
State File No. 301386
Local Reg. No. 1244
Reg. Dist. No. 200

1. **PLACE OF BIRTH:**
(a) County. Latah (b) City. Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: at Home
In Hosp. or Mat. Home. days.
In THIS county. 10 years. months. days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. Idaho (b) County. Latah
(c) City. Moscow
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address. Moscow, Idaho.
3. **RESIDENCE OF FATHER** (city, state) Moscow, Id.

4. **FULL NAME OF CHILD** Carl Philip Nelson
5. Date of Birth (Month, day, year) Feb. 20, 1895
6. Sex. Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate? Yes.

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|---|--|
| 10. FULL NAME <u>Nels August Nelson</u> | 16. FULL MAIDEN NAME <u>Mary Josephine Lind</u> | | |
| 11. Color <u>white</u> or Race <u> </u> | 17. Color or Race <u>white</u> | 12. Age at time of THIS birth. <u>35</u> yrs. | 18. Age at time of THIS birth. <u>22</u> years |
| 13. Birthplace. <u>Sweden</u>
(City or town) (State or foreign country) | 19. Birthplace. <u>Sweden</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>Farmer</u> | 20. Exact Occupation <u>Housewife</u> | | |
| 15. Industry or Business <u> </u> | 21. Industry or Business <u> </u> | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. 3 (b) Born alive and now living. 3
(c) Born alive and now dead. (d) Stillborn.

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

26. (a) 10-22-40 (b) [Signature]
(Date received) (Registrar's signature)
27. Given name added on by
(Registrar's signature)
25. Attendant's **OWN signature** M.D. or
(D.O., Midwife, etc.)
and address Date

State of. Idaho.
County of. Latah. } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Mary J. Nelson, being first duly sworn, say that I am the mother
Carl Philip Nelson as whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Dr. C. L. Gritman, who attended
said birth. is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this 23rd day of October, 1940.

(SEAL)

Mary J. Nelson Name
Moscow, Idaho P. O. Address

Adrian Nelson Notary Public, residing at Moscow, Idaho.

MAR 1 1938

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

556112 014 236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **301568**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County..... Canyon (b) City..... Parma (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: family residence (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home..... days. In THIS county..... years..... months..... days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State..... Idaho (b) County..... Canyon (c) City..... Parma (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho?..... 37 yrs. (f) Mother's mailing address..... deceased Idaho	
4. FULL NAME OF CHILD John Leroy Newport		5. Date of Birth (Month, day, year) Feb. 12, 1895	
6. Sex Male	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy 9	9. Legitimate? yes
FATHER OF CHILD 10. FULL NAME John Benjamin Newport 11. Color or Race White 12. Age at time of THIS birth 29 yrs. 13. Birthplace Missouri (City or town) (State or foreign country) 14. Exact Occupation Farmer 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME Eldora Luvada Stockton 17. Color or Race White 18. Age at time of THIS birth 23 years 19. Birthplace Missouri (City or town) (State or foreign country) 20. Exact Occupation Housewife 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum None 23. Number of children of this mother: (a) At time of birth and including this child..... one (b) Born alive and now living..... 1 (c) Born alive and now dead..... 00 (d) Stillborn..... 00			
24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... who is related to this child as..... (Mother, (First name) (Last name) Mrs. G. Atwood			
26. (a) Nov. 14, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)		25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.) and address Date	
27. Given name added on Bureau of Vital Statistics (Registrar's signature)			

State of..... **Idaho** } ss.
County of..... **Canyon** }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **John B. Newport**, being first duly sworn, say that I am..... **Related** (Related to (or) acquainted with)
..... **John Leroy Newport** as **Father** (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... **Mrs. Ira Poase**, who attended said birth..... **now deceased** (Name of attendant at birth) and that this birth has not been previously recorded (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this..... day of.....

(SEAL)

Notary Public, residing at..... **Wilder, Idaho**

Nov. 14, 1940

L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **301725**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Oneida (b) City Dayton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: **NOV 16 1940**
In Hosp. or Mat. Home. days.
In **THIS** county. years. months. days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City Dayton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Dayton Idaho

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Alma Smith
5. Date of Birth (Month, day, year) June 8 1895
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Thomas F. Smith</u>	16. FULL MAIDEN NAME <u>Kate McCarney</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>	12. Age at time of THIS birth <u>27</u> yrs.	18. Age at time of THIS birth <u>28</u> years
13. Birthplace <u>Green-Cottage (Derbyshire, Eng.)</u> (City or town) (State or foreign country)	19. Birthplace <u>Richmond Utah</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business <u> </u>	21. Industry or Business <u> </u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)

26. (a) Nov. 16, 1940 (Date received) (b) Mae G. Atwood (Mother's signature)
27. Given name added on by (Registrar's signature)
25. Attendant's **OWN** signature M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Malison }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Thomas F. Smith, being first duly sworn, say that I am related to Alma Smith as father (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that midwife (Name of attendant at birth), who attended said birth is deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 9th day of November, 1940
(SEAL) Thomas F. Smith Notary Public, residing at Rexburg, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Nov. 22, 1970. B.W.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

301762
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Moscow
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Moscow
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state).....

RECEIVED
NOV 18 1940

4. **FULL NAME OF CHILD** Peter S. Foss
5. Date of Birth (Month, day, year) June 19, 1895
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Syvart P. Foss
11. Color or Race W. 12. Age at time of THIS birth 29 yrs.
13. Birthplace Norway
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Olson
17. Color or Race W. 18. Age at time of THIS birth 31 years
19. Birthplace Norway
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a) Nov. 13, 1940 (b) Patricia Burke
(Date received) (Registrar's signature)
27. Given name added on.....by.....
(Registrar's signature)

25. Attendant's
OWN signature.....M.D. or.....
(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nezperce } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Peter S. Foss, being first duly sworn, say that I am.....related to.....
(Name of person on certificate above) (Related to (or) acquainted with)
as Father, whose birth certificate
(State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Dr. G. L. Gilmann, who attended
(Name of attendant at birth)
said birth.....and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 19 day of November, 1940.
(SEAL) Ed. H. Murphy Notary Public, residing at Lewiston, Ida.
Name P. S. Foss
Residence Rt. # 1, Lifford, Idaho
P. O. Address

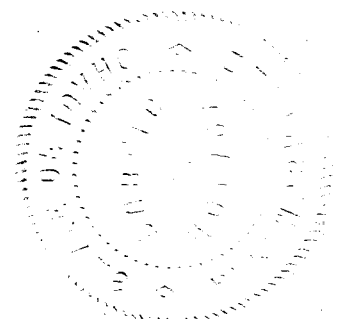
AUG 31 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified copy issued Nov. 25, 1970. L.H.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **301798**
Local Reg. No.
Reg. Dist. No.

249-217-040-759

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **RECEIVED**
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days. **NOV 19 1940**
In THIS county. years. 8 months. days.
2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Washington (b) County Whitman
(c) City Palouse
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 months
(f) Mother's mailing address. Wardner Idaho
3. RESIDENCE OF FATHER (city, state) Wardner Idaho

4. FULL NAME OF CHILD Opal Irene Burnham
5. Date of Birth (Month, day, year) October 17, 1895
6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes
- FATHER OF CHILD
10. FULL NAME Charles Ward Burnham
11. Color or Race white 12. Age at time of THIS birth. 24 yrs.
13. Birthplace near Willamette Oregon
(City or town) (State or foreign country)
14. Exact Occupation bartender
15. Industry or Business
- MOTHER OF CHILD
16. FULL MAIDEN NAME Emma Martha Perry
17. Color or Race white 18. Age at time of THIS birth. 17 years
19. Birthplace near Redding California
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum powdered Boric Acid solution
23. Number of children of this mother: (a) At time of birth and including this child. 1 (b) Born alive and now living. 1
(c) Born alive and now dead. (d) Stillborn.

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date
(born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Emma Martha Burnham who is
related to this child as mother (First name) (Last name)

26. (a) Nov. 19, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.)
and address Date
27. Given name added on by Bureau of Vital Statistics (Registrar's signature)

State of California } ss.
County of Solano

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Emma Burnham, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Opal Irene Burnham as her mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. McFee (Name of attendant at birth), who attended said birth, is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Emma Burnham Name
6844 E Colby St, Oakland, Cal. O. Address
Subscribed and sworn to before me on this 12th day of November, 1940
George H. Crowley Notary Public, residing at Fairfield, Calif
(SEAL)

28 365
FEB 25 1958

MAR 4 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

394-170-075132
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **301804**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County highway (b) City South
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: our home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
In THIS county 7 years months days.
2. **USUAL RESIDENCE OF MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Boonsville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho 62 yrs.
(f) Mother's mailing address Boonsville Idaho
3. **RESIDENCE OF FATHER** (city, state) Boonsville

4. **FULL NAME OF CHILD** Leon Oscar True
5. Date of Birth 8-30-1895
(Month, day, year)
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 2nd
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Ben George True
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Frankfort California
(City or town) (State or foreign country)
14. Exact Occupation Carpenter Kentucky
15. Industry or Business

- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Dora Alsada True
17. Color or Race White 18. Age at time of THIS birth 28 years
19. Birthplace Mendocino Calif
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at 7 M. on the date Nov. 18, 1940 and at the place stated above, and that personal particulars were furnished by Mother who is related to this child as Mother (First name) (Last name) Mae G. Atwood
26. (a) Nov. 18, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on Bureau of Vital Statistics (Registrar's signature)
25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Idaho }

I, Dora Alsada Cook, being first duly sworn, say that I am Related (Related to (or) acquainted with)
Leon Oscar True as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Leona McCoy who attended said birth Can Be Located (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 17 day of November, 1940
(SEAL) S. F. Cleveland Notary Public, residing at Boonsville Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

231-210-028-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

302834

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....

Local Reg. No.....

Reg. Dist. No.....

1. **PLACE OF BIRTH:** ^{near}
(a) County Boise (b) City Bonanza Ferry
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Boise
(c) City Bonanza Ferry
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Bonanza Ferry, Idaho

3. **RESIDENCE OF FATHER** (city, state) Bonanza Ferry, Idaho

4. **FULL NAME OF CHILD** Lorena Susan Louise Gertrude

5. Date of Birth (Month, day, year) Oct-10-1895

6. Sex Female 7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd 1st

No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** Charles Denton Black
11. Color or Race white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Baker City, Oregon
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business.....

16. **FULL MAIDEN NAME** Clara V. Sloop
17. Color or Race white 18. Age at time of THIS birth 25 years
19. Birthplace Lancaster, Mo
(City or town) (State or foreign country)
20. Exact Occupation.....
21. Industry or Business house wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

26. (a) NOV 25 1940 (b) Mae G. Atwood
(Date received) (Registrar's signature)
27. Given name added on.....
(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....
(D.O., Midwife, etc.)
and address.....Date.....

State of Idaho } ss.
County of Boise

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Clara V. Black, being first duly sworn, say that I am.....
(Name of person on certificate above) (Related to (or) acquainted with)
as Mother, whose birth certificate
(State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that....., who attended
(Name of attendant at birth)
said birth.....and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Clara V. Black Name
914 W-8 Ave P. O. Address
Boise, Idaho

Subscribed and sworn to before me on this 22 day of November 1940
(SEAL) Notary Public, residing at Boise, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-217-025-268

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **303042**

CERTIFICATE OF BIRTH

Local Reg. No. **68**

DEC 5 1940

STATE OF IDAHO

Reg. Dist. No. **240**

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Mount Idaho
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Was none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home X days.
In THIS county X years 2 month X days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 55 yrs.
4337-4th.N.W. Seattle
(f) Mother's mailing address _____
3. **RESIDENCE of FATHER** (city, state): Lewiston, Ida

4. **FULL NAME OF CHILD** Margaret Marie Dowd
5. Date of Birth (Month, day, year) Feby. 17th. 1895
6. Sex Female 7. Twin or Triplet XX If so—born 1st, 2nd, 3rd XX 8. No. months of Pregnancy Nine 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** H arry Dowd
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace San Francisco, Calif.
(City or town) (State or foreign country)
14. Exact Occupation Stockman and farmer
15. Industry or Business XX

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Amanda Boyer
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace XX Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum XX
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 4
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at XX M. on the date and at the place stated above, and that personal particulars were furnished by Mary A. Dowd, who is related to this child as Mother (First name) (Last name)

26. (a) Dec 1 - 1940 (Date received) (b) B. Chapman (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature Mary Dowd (D.O., Midwife, etc.)
4337-4th.N.W. Mother and address Seattle, Wash. Date 11-25-40

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary A. Dowd, being first duly sworn, say that I am Related (Related to (or) acquainted with) Margaret Marie Dowd as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the physician (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Dowd Signature
4337-4th.N.W. Seattle, Wash. P. O. Address

Subscribed and sworn to before me on this 25 day of November, 1940
(SEAL) J. H. Posthuma Notary Public, residing at Grangeville, Idaho.

OCT 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

235 104 001 895

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

304307

State File No.....

Local Reg. No.....

Reg. Dist. No.....

1. PLACE OF BIRTH: (a) County Ada (b) City Boise (c) Street Address or R.F.D. No. Private Home (d) Name of Hospital or Maternity Home: Private Home (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 23 days. In THIS county 23 years 10 months 10 days. 2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State Idaho (b) County Ada (c) City Boise (d) Street Address or R.F.D. No. Private Home (e) How long has MOTHER lived in Idaho? 10 yrs. (f) Mother's mailing address: Boise, Idaho

3. RESIDENCE OF FATHER (city, state) Boise, Idaho 4. FULL NAME OF CHILD Edwin French Steen 5. Date of Birth (Month, day, year) April 4, 1895 6. Sex Boy 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnancy 9 mo. 9. Legitimate? yes

FATHER OF CHILD 10. FULL NAME Daniel Morrison Steen 11. Color white 12. Age at time of THIS birth 37 yrs. 13. Birthplace St. John, New Brunswick, Canada (city or town) (State or foreign country) 14. Exact Occupation Hardware Business 15. Industry or Business Hardware Business MOTHER OF CHILD 16. FULL MAIDEN NAME Harriet French 17. Color or Race white 18. Age at time of THIS birth 33 years 19. Birthplace Bridgeport, Connecticut (city or town) (State or foreign country) 20. Exact Occupation house wife 21. Industry or Business house wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None 23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive, stillborn at Boise, Idaho M. on the date Dec. 23, 1940 and at the place stated above, and that personal particulars were furnished by Mae G. Atwood, who is related to this child as Mother (First name) (Last name)

25. (a) Dec. 23, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature) 26. Given name Edwin of Vital Statistics (Registrar's signature) 27. Attendant's OWN signature Harriet French Steen M.D. or (D.O., Midwife, etc.) None and address Boise, Idaho Date Dec. 23, 1940

State of Idaho County of Ada I, Harriet French Steen, being first duly sworn, say that I am Mother related to Edwin French Steen as Mother (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 189, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bergquist, who attended said birth, deceased and that this birth has not been previously recorded (Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this 19th day of December 1940 (SEAL) Raymond L. McFarlane Notary Public, residing at Seattle

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **304420**
Local Reg. No.
Reg. Dist. No.

DEC 28 1940

1. **PLACE OF BIRTH:**
(a) County Owyhee (b) City DeLamar
(c) Street Address or R.F.D. No. DeLamar Mining Camp
(d) Name of Hospital or Maternity Home: Athome
(e) Mother's stay BEFORE delivery: Home
In Hosp. or Mat. Home.....days.
In THIS county.....years 1 months.....days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City DeLamar (Mining Camp)
(d) Street Address or R.F.D. No. --
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address as above
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Edwin Arthur Fox
5. Date of Birth June 10, 1895
(Month, day, year)
6. Sex Male 7. Twin or Triplet - If so—born 1st, 2nd, 3rd - 8. No. months of Pregnancy 9 9. Legitimate? Yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|---|--|---|
| 10. FULL NAME <u>Edwin Fox</u> | 16. FULL MAIDEN NAME <u>Bena Peterson</u> | | |
| 11. Color or Race <u>White</u> | 17. Color or Race <u>White</u> | 12. Age at time of THIS birth <u>30</u> yrs. | 18. Age at time of THIS birth <u>27</u> years |
| 13. Birthplace <u>England</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Sweden</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>Miner</u> | 20. Exact Occupation <u>Housewife</u> | | |
| 15. Industry or Business <u>DeLamar Mine</u> | 21. Industry or Business <u>Home</u> | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at A.M. on the date Dec. 28, 1940 and at the place stated above, and that personal particulars were furnished by Mrs. B. Atwood, who is related to this child as Mother (First name) (Last name)

26. (a) Dec. 28, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on Bureau of Vital Statistics by Bureau of Vital Statistics (Registrar's signature)
25. Attendant's OWN signature.....M.D. or (D.O., Midwife, etc.)
and address State

State of Montana } ss.
County of Missoula }

I, Bena Peterson Fox, being first duly sworn, say that she is Mother Related (Related to (or) acquainted with)
Edwin Arthur Fox as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended said birth..... and that this birth has not been previously recorded (Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Subscribed and sworn to before me on this 16 day of Dec 1940
(SEAL) Harry B. Jones Notary Public, residing at Missoula
U S Commissioner

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

251 204 032-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 2 1941 CERTIFICATE OF BIRTH
STATE OF IDAHO

304473

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>Shoshone</u> (b) City <u>Shoshone</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days. In THIS county. years. months. days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Hailey</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>11</u> yrs. (f) Mother's mailing address. <u>Hailey, Idaho.</u> 3. RESIDENCE OF FATHER (city, state) <u>Hailey, Ida</u>	
4. FULL NAME OF CHILD <u>Muriel Mabel Beamer</u>		5. Date of Birth (Month, day, year) <u>1-4-1895</u>	
6. Sex <u>Female</u>	7. Twin or <u>Triplet</u>	8. No. months <u>of Pregnancy</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Hobart Carmen Beamer</u>		16. FULL MAIDEN NAME <u>Annie Mabel Thomas</u>	
11. Color <u>white</u>	12. Age at time or Race <u>of THIS birth</u> <u>19</u> yrs.	17. Color or <u>white</u>	18. Age at time of Race <u>THIS birth</u> <u>17</u> years
13. Birthplace <u>Princeton, Ontario, Canada.</u> (City or town) (State or foreign country)		19. Birthplace <u>Silver City, Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Merchant</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Lumber, Grocery</u>		21. Industry or Business <u>Home</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Argyrol 2%</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u> (c) Born alive and now dead. (d) Stillborn.			

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

26. (a) Jan 2, 1941 (Date received) (b) Mac G. Atwood (Registrar's signature)
25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
27. Given name Bureau of Vital Statistics (Registrar's signature) and address Date

State of Idaho

County of Blaine

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, M. Jennie Jacobs, being first duly sworn, say that I am Related to
Muriel Mabel Beamer as Aunt
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that who attended
said birth. and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 20th day of August 1940
(SEAL) D. W. Walker Notary Public, residing at Hailey

Certified copy issued 1-8-1941, D.P.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815722 036-

United States ⁵⁹³
Department of Commerce
Bureau of the Census

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **304527**

Local Reg. No. **132**

Reg. Dist. No. **540**

1. PLACE OF BIRTH:
(a) County Owada (b) City Preston
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Owada
(c) City Preston
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 48 yrs.
(f) Mother's mailing address. 430 So. State St

3. RESIDENCE OF FATHER (city, state): Preston

4. FULL NAME OF CHILD Joseph Francis Hanson
5. Date of Birth (Month, day, year) Jan. 22 1895
6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Nils Hanson
11. Color or Race white 12. Age at time of THIS birth 41 yrs.
13. Birthplace Malmo Sweden
(City or town) (State or foreign country)
14. Exact Occupation harnessmaker
15. Industry or Business _____

16. FULL MAIDEN NAME Mathilda Gustava Nilson
17. Color or Race white 18. Age at time of THIS birth 36 yrs.
19. Birthplace Halmetad Sweden
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 2 A.M. on the date _____ and at the place stated above, and that personal particulars were furnished by Mathilda Nilson, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

26. (a) Jan 4 1941 (b) H.W. Stiles
(Date received) (Registrar's signature)
25. Attendant's OWN signature Fannie Swann M.D. (B.S., Midwife, etc.)
27. Given name added on _____ by _____ and address Preston Date _____
(Registrar's signature)

State of Idaho
County of Franklin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Petterborg, being first duly sworn, say that I am a Sister (Related to (or) acquainted with)
Joseph Francis Hanson as Sister (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937, Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Fannie Swann, who attended said birth is deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 4th day of Jan 1941
(SEAL) Emma Petterborg Signature
Preston Idaho P.O. Address
Notary Public, residing at Preston Id.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

JAN 9 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **304583**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 3rd & Asbury St.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 5 days.
In THIS county _____ years _____ month 5 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Washington (b) County Whitman
(c) City Wilcox
(d) Street Address or R.F.D. No. RFD
(e) How long has MOTHER lived in Idaho 17 yrs.
(f) Mother's mailing address Wilcox, Washington

3. RESIDENCE of FATHER (city, state): Wilcox, Wash

4. FULL NAME OF CHILD

Edna Mae Phillips

5. Date of Birth
(Month, day, year) July 18, 1895

6. Sex

female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

4th

8. No. months
of Pregnancy

9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Wm. Thomas Phillips
11. Color White 12. Age at time
or Race _____ of THIS birth 30 yrs.
13. Birthplace Coos County, Oregon
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Evelyn Sherrer
17. Color White 18. Age at time
or Race _____ of THIS birth 24 yrs.
19. Birthplace Springfield, Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 8 A.M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Effie Evelyn Phillips, who is
related to this child as Mother (First name) (Last name)

26. (a) Jan. 9, 1941 (b) Mae G. Atwood
(Date received) (Registrar's signature)

25. Attendant's
OWN signature _____ M.D.
(D.O., Midwife, etc.)

27. Given name added on _____ by Mae G. Atwood
(Registrar's signature)

and address _____ Date _____

State of Washington
County of Whitman } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Effie Evelyn Phillips, being first duly sworn, say that I am related to
Edna Mae Phillips as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts con-
tained therein are true to the best of my knowledge. I further state that Mary Cuendet, who attended
said birth deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Effie Evelyn Phillips Signature
P. O. Address _____

Subscribed and sworn to before me on this 8 day of January, 1941

(SEAL)

B. T. Sherry Notary Public, residing at Golfax, Washington

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1/15/41/TH

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

JAN 1941

the information is as of date of birth of THIS child)

State File No.

Local Reg. No.

Reg. Dist. No.

304584

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH:
(a) County Latah (b) City Deary
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 2 years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Deary
(d) Street Address or R.F.D. No. RFD
(e) How long has MOTHER lived in Idaho? 2 yrs. _____ yrs.
(f) Mother's mailing address Deary, Idaho

3. RESIDENCE of FATHER (city, state): _____

4. FULL NAME OF CHILD Leslie Leonard Phillips
5. Date of Birth (Month, day, year) Nov. 6, 1895
6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd 4th 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Ruben Phillips
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace State of California
(City or town) _____ (State or foreign country) _____
14. Exact Occupation Farmer
15. Industry or Business _____

16. FULL MAIDEN NAME Annie Armstrong
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Missouri
(City or town) _____ (State or foreign country) _____
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 3:00 A M. on the date _____
and at the place stated above, and that personal particulars were furnished by Phillips, who is related to this child as uncle (father's brother) (First name) (Last name)
(Mother, etc.) _____

26. (a) Jan. 9, 1941 (b) Mae G. Atwood
(Date received) (Registrar's signature)
27. Given name added on _____ by Mae G. Atwood
(Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) _____
and address _____ Date _____

State of Washington
County of Whitman } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Wm. Phillips, being first duly sworn, say that I am related to Leslie Leonard Phillips as an uncle (Related to (or) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Phillips, mid-wife (Name of attendant at birth) _____, who attended said birth dead and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

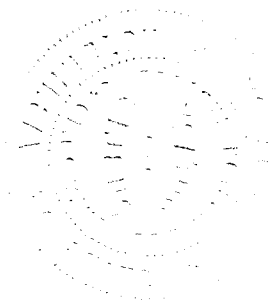
Subscribed and sworn to before me on this 8 day of January, 1941
(SEAL) B. T. Henry Notary Public, residing at Colfax, Washington

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1/15/41/ EH



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

197-103040-197

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 11 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

304627

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH: (a) County... <u>Shoshone</u> (b) City... <u>Wallace</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>Own home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home.....days. In THIS county.....years.....months.....days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State... <u>Idaho</u> (b) County... <u>Shoshone</u> (c) City... <u>Wallace</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>11</u> yrs. (f) Mother's mailing address.....	
4. FULL NAME OF CHILD <u>John Richard Argyle</u>		5. Date of Birth <u>Oct. 3-1895-</u> (Month, day, year).....	
6. Sex <u>Male</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>nine</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>John Thomas Argyle</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>53</u> yrs. 13. Birthplace <u>St. Joseph Mo. U.S.A.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>mining man</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Ida Anna Steen-Argyle</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>36</u> years 19. Birthplace <u>Mt. Carmel Ill. U.S.A.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living..... (c) Born alive and now dead..... (d) Stillborn.....			
24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date..... (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (Mother, etc.) (First name) (Last name)			
26. (a) <u>Jan. 11, 1941</u> (b) <u>Clyde A. Bridger</u> (Date received) (Registrar's signature)		25. Attendant's OWN signatureM.D. or..... (D.O., Midwife, etc.)	
27. Given name added onby..... (Registrar's signature)		and address Date.....	

State of.....ss.
County of.....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth Argyle Nelson, being first duly sworn, say that I am.....Sister.....
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....Dr. W. S. Sims....., who attended said birth.....and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this 27th day of December 1940
(SEAL) Charles F. Read Notary Public, residing at 5076 N. Pine St.
Room Ev 2-21-1940 Los Angeles Co. Cal

11/10/19

221
222

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

993713 022-632

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

304646

JAN 13 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....

Local Reg. No.....

Reg. Dist. No.....

1. PLACE OF BIRTH:

(a) County..... (b) City Birch Creek
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home..... days.
In THIS county..... years..... months..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County.....
(c) City Birch Creek
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 13 yrs.
(f) Mother's mailing address Idaho

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Arthur Richards

5. Date of Birth (Month, day, year) Aug. 12, 1895

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Leon Arthur Richards
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Idaho
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

16. FULL MAIDEN NAME Annanda Olsen
17. Color or Race White 18. Age at time of THIS birth 27 years
19. Birthplace Agrarna Bleking Sweden
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at A.M. on the date Jan 13 1941 and a REG place stated above, and that personal particulars were furnished by Paul Phillips, who is related to this child as Sister (Mother, etc.) (First name) (Last name)

26. (a) JAN 13 1941 (b) Edw. A. Bridge
(Date received) (Registrar's signature)

25. Attendant's OWN signature..... M.D. or (D.O., Midwife, etc.)
and address Date

27. Given name added on..... by.....
(Registrar's signature)

State of Utah

County of Salt Lake ss.

I, Pearl Phillips, being first duly sworn, say that I am Sister (Related to (or) acquainted with) as....., whose birth certificate

(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Pearl Phillips, who attended said birth Arthur Richards (Name of attendant at birth) and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 11 day of January 1941
(SEAL) Ida M. Wilson Notary Public, residing at Salt Lake City Utah

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1/16/41/ EA

249-120001 243

RECEIVED

United States
Department of Commerce
Bureau of the Census

JAN 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304712

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. R. F. D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. — days.
In THIS county 8 years — month — days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. R. F. D.
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Boise, Idaho

4. FULL NAME OF CHILD George Smith
6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

5. Date of Birth (Month, day, year) June 20, 1945
8. No. months of Pregnancy — 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME John Smith
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace West Plains, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME Tilda Sullivan
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace West Plains, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JAN 15 1941 (Date received) (b) Glyde A. Bridger Acting Attendant's OWN signature (c) Glyde A. Bridger (Mother, etc.) (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on _____ by _____ (Registrar's signature) and address _____ Date _____

State of Michigan } ss.
County of Genesee

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Arthur E. Smith, being first duly sworn, say that I am related to George Smith as brother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Webster (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 13th day of January, 1941.
(SEAL) Margaret Tignor Notary Public, residing at Flint, Michigan
My commission Expires: January 5, 1945.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 21, 1941. E.W.

STATE OF MICHIGAN, }
COUNTY OF GENESEE. } ss.

I, GEORGE G. DUNN, Clerk of the County of Genesee, and Clerk of the Circuit Court of the State of Michigan in and for said County (said Court being a Court of Record), DO HEREBY CERTIFY THAT

Margaret Sigfus

whose name is subscribed to the Certificate of Proof, or acknowledgment of the annexed instrument, and thereon written, was at the time of taking such proof or acknowledgment, a Notary Public of the State of Michigan in and for said County of Genesee, dwelling in said county, commissioned and sworn and duly authorized to take the proof or acknowledgment of deeds to be recorded herein. And further, that I am well acquainted with the handwriting of such Notary, and verily believe the signature to the said Certificate is genuine, and that said instrument is executed and acknowledged according to the laws of the State of Michigan.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said County and Court, this *13th* day of *January* 19*41*

GEORGE G. DUNN, Clerk

By *Lyette Kipp*
Deputy Clerk

RECEIVED

JAN 15 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

RECEIVED

FEB 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **304741**

Local Reg. No. _____

Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Bear Lake (b) City Ovid
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.
2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Ovid
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 63 yrs.
(f) Mother's mailing address Ovid, Ida.
3. **RESIDENCE of FATHER** (city, state): Ovid, Ida.

4. **FULL NAME OF CHILD** William Milton Mathisen
5. Date of Birth (Month, day, year) May, 21, 1895
6. Sex Male 7. Twin or Triplet X If so—born 1st, 2nd, 3rd X 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** Michael Norenberg Mathisen
11. Color or Race White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Ovid Idaho
(City or town) (State or foreign country)
14. Exact Occupation Rail Road Laborer
15. Industry or Business _____
16. **FULL MAIDEN NAME** Agnes Van Noy
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Ogden Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) _____ (Date received) (b) Lyde A. Bridger (Registrar's signature)
25. Attendant's is now deceased. OWN signature _____ M.D. (D.O., Midwife, etc.) _____ and address _____ Date _____

State of Oregon County of Malheur } ss. **AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Agnes Mathisen (Nelson), being first duly sworn, say that I am Mother of William Milton Mathisen as his mother (Related to (or) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Jeanette Tiffeta (Name of attendant at birth) _____, who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Signature _____
1529 N.E. 9th Ave. Portland, O.P.O. Address _____

Subscribed and sworn to before me on this 4th day of February 1941
(SEAL) J. Gordon Notary Public, residing at Portland, Oregon
My Commission Expires Oct. 12-1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WHICH BIRTH DAY CORRECT



Dup of 1895-173538

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

281-116-033-994

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

304838

JAN 20 1941

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of
City of
No. St.

Registration District No. 631 State File No.

(If born in hospital or institution give name.) Prim. Registration District No. 63178 Local Registrar's No. 2

2. FULL NAME OF CHILD Allen James Sharp

3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other.....	6. Premature.....	7. Legitimate? <u>✓</u>	8. Date of birth <u>Nov 16 1938</u> (Month, Day, Year)
		5. Number, in order of birth.....	Full term <u>✓</u>		

9. Full name <u>George Armstrong Sharp</u>	FATHER	18. Full maiden name <u>Maud Eliza Zimmerman</u>	MOTHER
---	--------	---	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Thornton</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Thornton</u>
---	---

11. Color or race <u>W</u>	12. Age at last birthday <u>45</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>35</u> (years)
----------------------------	--	----------------------------	--

13. Birthplace (city or place) (State or Country) <u>Smithfield Utah</u>	22. Birthplace (city or place) (State or Country) <u>St. Peter Minnesota</u>
---	---

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
--	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
---	---

16. Date (month and year) last engaged in this work, 19.....	17. Total time (years) spent in this work, 19.....	25. Date (month and year) last engaged in this work, 19.....	26. Total time (years) spent in this work, 19.....
---	---	---	---

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ut No

28. Number of children of this mother 5 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn.....

29. If stillborn, period of gestation.....	{ months or weeks	30. Cause of Stillbirth.....	{ During labor..... Before labor.....
--	-------------------	------------------------------	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at 7:30 a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.....
(Date of)

(Signed) Joseph Walker, M. D.

or Midwife
Address Rimborg Idaho (11/16/1938)

Filed 1-18- 1941 Mrs. Hefner
Registrar.

Registrar.

12

MAR 5 1945

469-117-025-713

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICSState of.....
County of.....

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

William Palmer Morrow being first duly sworn says that
 He is the Son of Millard Blake Ray Morrow
 (Relationship of child)*
 born May 17th 1895 at Grangeville, Idaho,
 (Date of birth)

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said William Palmer Morrow

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Nicholas, M. D., was the medical attendant at the birth of said William Palmer Morrow and that the said medical attendant is Now Deceased

(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

Subscribed and sworn to before me this

day of

1941

W. B. Crawford
 Notary Public in and for the County of Los Angeles, State of California
 Residing at Los Angeles, California
 My Commission Expires Oct. 15, 1941

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

(uncle)

MAR 31 1957

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

305974

1. PLACE OF BIRTH:
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address Caldwell, Idaho
3. RESIDENCE OF FATHER (city, state): Caldwell, Ida

4. FULL NAME OF CHILD Charles Adrian Miller

5. Date of Birth
(Month, day, year) Oct. 10, 1895

6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Edward Miller
11. Color or Race white 12. Age at time of THIS birth 39 yrs.
13. Birthplace Granby, Canada
(City or town) (State or foreign country)
14. Exact Occupation Contractor - Cabinet Maker
15. Industry or Business Contractor

MOTHER OF CHILD

16. FULL MAIDEN NAME Zilpha Jane Oakes
17. Color or Race white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Freeport, Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Feb. 7, 1941 (b) Charles A. Bridges
(Date received) (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Canyon

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ora L. Oakes, being first duly sworn, say that I am Aunt, by marriage (Related to (or) acquainted with)
Charles Adrian Miller (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. C. Moxey, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 6 day of Feb, 1941

(SEAL)

Notary Public, residing at Caldwell, Ida

Signature

P. O. Address

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2/7/41 L. B.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

114-126-029-851

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO
JAN 27 1941

State File No. **306029**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County LATAH (b) City RURAL
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: FARM RESIDENCE
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
In THIS county 7 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County LATAH
(c) City NEAR GARFIELD, WASH.
(d) Street Address or R.F.D. No. RURAL
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address GARFIELD, WASH.

3. **RESIDENCE OF FATHER** (city, state) LATAH, IDAHO

4. **FULL NAME OF CHILD** CHARLES OTIS JAMESON

5. **Date of Birth** (Month, day, year) JUNE 26, 1895

6. Sex MALE 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CHARLES DAY JAMESON

11. Color or Race WHITE 12. Age at time of THIS birth 25 yrs.

13. Birthplace SEARCY COUNTY, ARKANSAS
(City or town) (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business AGRICULTURE

MOTHER OF CHILD

16. **FULL MAIDEN NAME** NANNIE HEATH

17. Color or Race WHITE 18. Age at time of THIS birth 21 years

19. Birthplace LAWRENCE COUNTY, ILLINOIS
(City or town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

26. (a) JAN 27 1941 (b) Glyde A. Bridger
(Date received) (Registrar's signature)
Acting

27. Given name added on by
(Registrar's signature)

25. Attendant's **OWN signature** M.D. or
(D.O., Midwife, etc.)
and address Date

State of Washington
County of Inghamish } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles Day Jameson, being first duly sworn, say that I am Related to (Related to (or) acquainted with)
Charles Otis Jameson as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elizabeth Jameson (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 11th day of January, 1941.
(SEAL) Shas A. Bridger Notary Public, residing at Everett, Wash.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2 Certified Copies
Issued Feb. 6, 1941. E.W.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

813-229-070-854

306073

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

JAN 29 1941

1. **PLACE OF BIRTH:**
(a) County... Lemhi..... (b) City... Salmon City
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home..... days.
In **THIS** county..... years 3..... months..... days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State... Washington (b) County... Thurston
(c) City... Tenino
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 2..... yrs.
(f) Mother's mailing address Tenino, Wash.
3. **RESIDENCE OF FATHER** (city, state) Tenino, Wash.

4. **FULL NAME OF CHILD** Agnes Gertrude Hall
5. Date of Birth (Month, day, year) Jan. 29, 1895
6. Sex Female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** Franzey Sigel Hall
11. Color white 12. Age at time of THIS birth 33..... yrs.
13. Birthplace... Waupaca, Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business business
16. **FULL MAIDEN NAME** Mary Ellen Hemphill
17. Color or Race white 18. Age at time of THIS birth 26..... years
19. Birthplace... Jericho, New York
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4..... (b) Born alive and now living 3.....
(c) Born alive and now dead 1..... (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

26. (a) Jan. 29, 1941 (b) Clyde A. Bridger
(Date received) Acting (Registrar's signature)
25. Attendant's **OWN signature**..... M.D. or.....
(D.O., Midwife, etc.)
and address..... Date.....
27. Given name added on..... by.....
(Registrar's signature)

State of... Washington }
County of... Thurston } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Ellen Hemphill Hall, being first duly sworn, say that I am related to
(Name of person on certificate above) (State relationship or acquaintance)
Agnes Gertrude Hall as mother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W.C. Whitel, who attended said birth is deceased and that this birth has not been previously recorded.
(Name of attendant at birth)
(Is now deceased (or) cannot be located)

Mary Ellen Hemphill Hall Name
Tenino, Wash. P. O. Address

Subscribed and sworn to before me on this 30th day of December, 1940
(SEAL) [Signature] Notary Public, residing at Tenino, Wash.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

515-217-006-663

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **306109**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Bingham (b) City Idaho Falls,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Year yrs.
(f) Mother's mailing address: Year

3. **RESIDENCE OF FATHER** (city, state) Year

4. **FULL NAME OF CHILD** Jennie VanEnglen

5. Date of Birth May 17th 1895
(Month, day, year)

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Van Englen

11. Color W 12. Age at time of THIS birth 27 yrs.
or Race of THIS birth

13. Birthplace Mich.
(City or town) (State or foreign country)

14. Exact Occupation Minister

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Wolcott

17. Color W 18. Age at time of THIS birth 25 years
Race THIS birth

19. Birthplace Mich
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by Mother, who is related to this child as
(Mother, etc.) (First name) (Last name)

26. (a) Jan. 30, 1941 (b) Charles A. Bridges
(Date received) (Registrar's signature)

27. Given name added on by
(Registrar's signature)

25. Attendant's **OWN signature** Mrs. H. VanEnglen (D.O., Midwife, etc.)
and address Twin Falls, Idaho 1/29/41

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs H. VanEnglen, being first duly sworn, say that I am related to
Jennie VanEnglen as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Fendelton, who attended said birth, is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this 29th day of January 1941
(SEAL) Twin Falls, Idaho P. O. Address
Notary Public, residing at Twin Falls, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

27.41
Z..

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

296.103-001-49

United States
Department of Commerce
Bureau of the Census

FEB 4 1941

RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

306173

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County ADA (b) City MERIDIAN

(c) Street Address or R.F.D. No. AT HOME

(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.

In THIS county _____ years _____ month _____ days.

4. FULL NAME OF CHILD

JOSEPH ANTON BROSS

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

5. Date of Birth

(Month, day, year) OCT. 3rd 1895

8. No. months

of Pregnancy 9 MO. 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME ERNEST HENRY BROSS

11. Color or Race WHITE 12. Age at time of THIS birth 38 yrs.

13. Birthplace CHICAGO ILLINOIS
(City or town) (State or foreign country)

14. Exact Occupation DECORATOR

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ROSETTA KATHARINE DALY

17. Color or Race WHITE 18. Age at time of THIS birth 21 yrs.

19. Birthplace MISSOURI
(City or town) (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

(c) Born alive and now dead 2 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date

(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

(Mother, etc.)

26. (a) FEB 4 1941 (b) Calif. & Bridge
(Date received) (Acting Registrar's signature)

25. Attendant's

OWN signature

M.D.

(D.O., Midwife, etc.)

27. Given name added on _____ by _____
(Registrar's signature)

and address

Date

State of CALIFORNIA

County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rosetta Smith, being first duly sworn, say that I am Related to
Joseph Anton Bross as his Mother
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Compton, who attended

said birth IS NOW DECEASED and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Rosetta Smith Signature

2518 Bedford, Los Angeles P. O. Address

Subscribed and sworn to before me on this 27 day of Jan 1941

(SEAL)

Bryan Halperin Notary Public, residing at Los Angeles

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

RECEIVED

(Be sure the information is as of date of birth of THIS child)

FEB 5 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306198

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Shoshone (b) City Murray
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
In THIS county years 2 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Shoshone
(c) City Murray
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address Murray

3. RESIDENCE of FATHER (city, state): Murray

4. FULL NAME OF CHILD Walter Wallace Norton

5. Date of Birth Nov 8 - 1895
(Month, day, year)

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Charles Henry Norton
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Braunton Minn
(City or town) (State or foreign country)
14. Exact Occupation Wood cutter
15. Industry or Business

16. FULL MAIDEN NAME Eulalia Caroline Groves
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace French Lake Minn
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business In home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 0
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 9 P. M. on the date Nov 8 1895 and at the place stated above, and that personal particulars were furnished by Mrs. E. H. Norton, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

26. (a) FEB 5 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____ (Registrar's signature)

State of Montana } ss.
County of Sanders

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eulalia Caroline Norton, being first duly sworn, say that I am the mother of Walter Wallace Norton (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Foster (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Eulalia Caroline Norton Signature
Thompson Falls Montana P. O. Address

Subscribed and sworn to before me on this 4th day of February, 1941

(SEAL)

James A. Smith Notary Public, residing at
Blackfoot, Idaho, Sanders County, Mont.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AFFIDAVIT

STATE OF Montana
COUNTY OF Sanders } ss.

I, Eulalia Caroline Norton, do solemnly swear that I am the Mother
of the child mentioned in the annexed Certificate of Birth. I have read said Certificate and the statements contained
therein are true of my own knowledge.

Subscribed and sworn to before me this 21st day of January, 1941

James H. Smith
Clerk of Dist. Court, Sanders County, Mont.
~~Notary Public for State of~~

~~My Commission expires~~

My Commission expires

STATE OF Montana
COUNTY OF County Sanders } ss.

We, the undersigned, do severally solemnly swear that we are personally and well acquainted with the above
named affiant and we have read the statements contained in the annexed Certificate of Birth and that said state-
ments are true to our best knowledge and belief.

SEAL.

Subscribed and sworn to before me this 21st day of January, 1941

Hester A. Good
Mrs Nelson Grand Champ
James H. Smith
Clerk of Dist. Court Sanders County, Montana
~~Notary Public for State of~~

Residing at

My Commission expires

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

457-117-007-378

306251

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

FEB 7 1941

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Blaine (b) City Soldier
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City County near Soldier
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Soldier

3. RESIDENCE of FATHER (city, state): Near Soldier

4. FULL NAME OF CHILD Clarence Emery Dexter

5. Date of Birth (Month, day, year) Oct. 17-1896

6. Sex Boy 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Emery Frank Dexter
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace No. Situate Rhode Island
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Rancher

16. FULL MAIDEN NAME Laura May Taylor
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Red Warrior Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 9 PM on the date _____ and at the place stated above, and that personal particulars were furnished by Laura May Dexter, who is related to this child as Mother (First name) (last name)

26. (a) FEB 7 1941 (b) L. de A. Bridger
(Date received) (Registrar's signature)

25. Attendant's OWN signature Laura May Dexter M.D. (D.O., Midwife, etc.)
and address 840 Belmont Ave. Date 2-6-41

27. Given name added on _____ by _____ (Registrar's signature)

State of California
County of Los Angeles ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura May Dexter, being first duly sworn, say that I am The Mother of Clarence Emery Dexter (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Reed (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 5th day of February 1941

(SEAL)

Notary Public, residing at Beeflower Calif.

My Commission Expires October 16, 1943.

JAN 14 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

306285

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH: (a) County <u>Lemhi</u> (b) City <u>Salmon</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home.....days. In THIS county <u>8</u> years <u>1</u> months <u>14</u> days.	2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Lemhi</u> (c) City <u>Salmon</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>33</u> yrs. (f) Mother's mailing address <u>Lemhi Idaho</u>
---	---

4. FULL NAME OF CHILD <u>Edwina Nelson Gearian</u>	5. Date of Birth <u>Oct. 16, 1913</u> (Month, day, year)
6. Sex <u>Female</u>	7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME <u>Thos. H. Gearian</u>	10. FULL MAIDEN NAME <u>Emma Russell</u>
11. Color or Race <u>White</u>	11. Color or Race <u>White</u>
12. Age at time of THIS birth <u>31</u> yrs.	12. Age at time of THIS birth <u>29</u> years
13. Birthplace <u>Os. Main Me.</u> (City or town) (State or foreign country)	13. Birthplace <u>Lamworth Kansas</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>	14. Exact Occupation <u>Housewife</u>
15. Industry or Business	15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
and at the place stated above, and that personal particulars were furnished by.....who is related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a) <u>FEB. 8 1941</u> (b) <u>Clyde A. Bridger</u> (Date received) (Registrar's signature)	25. Attendant's OWN signature.....M.D. or..... (D.O., Midwife, etc.)
27. Given name added on.....by..... (Registrar's signature)	and address.....Date.....

State of Idaho } ss.
County of Lemhi }
Emma Russell Gearian....., being first duly sworn, say that I am.....Related to.....
Edwina Nelson Gearian as.....mother.....(Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....W. M. C. Whitwell....., who attended said birth.....Is now deceased.....and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this.....day of.....February, 1941
(SEAL) James Hughes Notary Public, residing at Salmon, Idaho

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
BOISE, IDAHO

Original Birth Record to be filed in the office of the Registrar

CERTIFICATE OF BIRTH

ON FILE IN STATE

FEB 5 1958

JUL 2 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-11-044-652

306361

United States
Department of Commerce
Bureau of the Census

RECEIVED (Be sure the information is as of date of birth of THIS child)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

FEB 11 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH: (a) County <u>Washington</u> (b) City _____ (c) Street Address or R.F.D. No. <u>Head of Little</u> (d) Name of Hospital or Maternity Home: <u>Willow</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county <u>7</u> years <u>6</u> month _____ days.	2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Head of Little Willow Creek</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>7 1/2</u> yrs. (f) Mother's mailing address <u>Crane P.O., Idaho</u>
---	---

4. FULL NAME OF CHILD <u>Lloyd James Brundage</u>	5. Date of Birth <u>Aug. 11, 1895</u> (Month, day, year)
6. Sex <u>Male</u>	7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd <u>--</u>
	8. No. months of Pregnancy <u>9</u>
	9. Legitimate? <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Winfield Scott Brundage</u>	16. FULL MAIDEN NAME <u>Letha May Webb</u>	17. Color <u>White</u>	18. Age at time of THIS birth <u>27</u> yrs.
11. Birthplace <u>Steuben County, New York</u> (City or town) (State or foreign country)	19. Birthplace <u>Illinois</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Housewife</u>	21. Industry or Business _____
12. Age at time of THIS birth <u>33</u> yrs.			
13. Exact Occupation <u>Sheep Business</u>			
14. Industry or Business _____			

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) <u>FEB 11 1941</u> (Date received) (b) <u>Clyde A. Bridger</u> (Registrar's signature) Acting _____ 27. Given name added on _____ by _____ (Registrar's signature)	25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____
---	--

State of Idaho } ss.
County of Payette

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, W. S. Brundage, being first duly sworn, say that I am related to Lloyd James Brundage as father (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ellen Webb (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

W. S. Brundage Signature
Payette, Idaho P. O. Address

Subscribed and sworn to before me on this 10th day of February, 1941
(SEAL) John F. Brum Notary Public, residing at Payette, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Payette, Idaho
February 25, 1941

Clyde A. Bridger
Acting Director, Bureau of Vital Statistics
State of Idaho
Boise, Idaho

Dear Clyde:

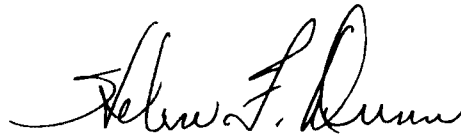
I am returning herewith the certified copy of birth certificate for Lloyd James Brundage as it appears that the month of the birth is in error. The month, day and year as it should appear is August 11, 1895. Will you kindly check the original certificate and see if it is shown as March 11, 1895. If so, kindly correct the original certificate to show August 11, 1895, and then correct the enclosed copy, returning it to L. J. Brundage at Payette, Idaho. Mr. W. S. Brundage, father of L. J. Brundage, who supplied the information for the certificate, is quite old and it is possible that he gave the wrong month, through error, when giving me the data for the certificate.

RECEIVED

MAR 1 1941

Thanking you to make the proper correction in the records, I am

Very truly yours,



Helen F. Dunn

d

Enc. 1

Please also note that my middle initial is "F" and not "L" as shown on the certified copy.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

RECEIVED (Be sure the information is as of date of birth of THIS child)

State File No. **306364**
Local Reg. No. _____
Reg. Dist. No. _____

FEB 11 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH: (a) County <u>Nez Perce</u> (b) City <u>Lewiston</u> (c) Street Address or R.F.D. No. <u>Delsall House Main St.</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years <u>3</u> months <u>5</u> days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Lewiston</u> (d) Street Address or R.F.D. No. <u>Delsall House</u> (e) How long has MOTHER lived in Idaho? <u>1</u> yrs. (f) Mother's mailing address <u>Lewiston, Idaho</u>	
4. FULL NAME OF CHILD <u>Robert Scurlock</u>		5. Date of Birth (Month, day, year) <u>Dec. 12, 1895</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>Neither</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER of CHILD		MOTHER of CHILD	
10. FULL NAME <u>James Hosca Chessman Scurlock</u>		16. FULL MAIDEN NAME <u>Teresa Jane Williams</u>	
11. Color or Race <u>American</u>	12. Age at time of THIS birth <u>36</u> yrs.	17. Color or Race <u>American</u>	18. Age at time of THIS birth <u>23</u> yrs.
13. Birthplace <u>Unknown</u> <u>Missouri</u> (City or town) (State or foreign country)		19. Birthplace <u>Mankato</u> <u>Minnesota</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Salesman</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Hardware</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u> (c) Born alive and now dead <u>none</u> (d) Stillborn <u>none</u>			

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) FEB 11 1941 (Date received)
(b) Cyde A. Bridger (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature (not remembered) M.D.
(Mrs. Speck, nurse) (D.O., Midwife, etc.)
and address _____ Date _____

State of California } ss.
County of San Diego

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Teresa Jane Scurlock, being first duly sworn, say that I am related to
Robert Scurlock as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Speck (nurse), who attended
(Name of attendant at birth)
said birth may now be at Lewiston and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Teresa J. Scurlock Signature
2019 Rt. Stockton Dr., San Diego Calif. P.O. Address

Subscribed and sworn to before me on this 30th day of January, 1941
(SEAL) Cyde A. Bridger Notary Public, residing at San Diego, Calif.
NOTARY PUBLIC in and for the County of San Diego, State of California. My Commission Expires March 1, 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

FEB 1 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

306415

1. PLACE OF BIRTH:

(a) County Ada (b) City Meridian

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. days.

In THIS county years month days.

4. FULL NAME OF CHILD

Collins Kremer Evans

5. Date of Birth

(Month, day, year) March 16 - 1894

6. Sex

Boy

7. Twin or Triplet

If so - born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Edward Lawrence Evans

11. Color or Race

white

12. Age at time of THIS birth

24 yrs.

13. Birthplace

(City or town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Anna Maud Burns

17. Color or Race

white

18. Age at time of THIS birth

20 yrs.

19. Birthplace

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living yes

(c) Born alive and now dead

(d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date

(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

26. (a) FEB 1 1941
(Date received)

(Mother, etc.)

(b) E. A. Bridger
(Registrar's signature)

25. Attendant's

OWN signature.....

M.D.

(D.O., Midwife, etc.)

27. Given name added on..... by.....

(Registrar's signature)

and address

Date

State of

Idaho

County of

Ada

ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Maud Evans, being first duly sworn, say that I am Mother
Collins Kremer Evans as Mother
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Nelson, who attended

said birth deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Mrs. Anna Evans

Signature

P. O. Address

Subscribed and sworn to before me on this 18th day of Feb., 19 41

(SEAL)

Rosa A. Haworth

Notary Public, residing at

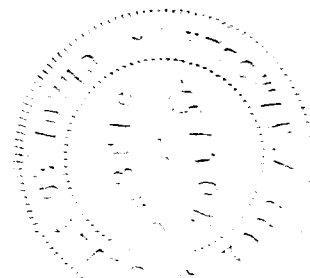
Boise, Idaho

JUL 9 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



14-122-022-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **306483**

FEB 14 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No. _____

Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Haden (now Teton)
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days. none
In THIS county 14 years _____ month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Haden
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address _____

4. **FULL NAME OF CHILD** Benjamin S. Adams,
5. Date of Birth (Month, day, year) 12-22-1895
6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 Mo. 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George A. Adams,
11. Color or Race white 12. Age at time of THIS birth 37 yrs.
13. Birthplace Rumsey, Wales,
(City or town) (State or foreign country)
14. Exact Occupation Farmer,
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Almira S. Bair,
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Richmond, Utah.
(City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business Farmer

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown.
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 64
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 6 A. M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) FEB 14 1941 (Mother, etc.)
(Date received) (b) Clyde A. Bridger
Acting (Registrar's signature)

25. Attendant's OWN signature Midwife, deceased. M.D.
(D.O., Midwife, etc.)

27. Given name added on _____ by _____
(Registrar's signature)

and address _____ Date _____

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George S. Adams, being first duly sworn, say that I am a Brother (Related to (or) acquainted with) _____ as _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Matilda Rumsey (Name of attendant at birth) who attended said birth is now deceased. and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Signature _____ P. O. Address _____

Subscribed and sworn to before me on this 13 day of February 1941

(SEAL) W. C. J. Adams Notary Public, residing at Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Please send Certified Copy

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **306486**

CERTIFICATE OF BIRTH

Local Reg. No. _____

141-104-044-613

FEB 18 1941

STATE OF IDAHO

Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 63 yrs.
(f) Mother's mailing address Weiser Ida. PAID
3. **RESIDENCE of FATHER** (city, state): deceased

4. **FULL NAME OF CHILD** Dean Adams
6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

5. Date of Birth (Month, day, year) Dec. 4, 1895
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** William Edward Adams
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Mt. Vernon Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer & Sheep grower
15. Industry or Business _____

16. **FULL MAIDEN NAME** Effie B. Wallace
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Centerville Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) 2/21/41 (Date received) (b) Clyde A. Bridger (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Washington

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Effie B. Adams, being first duly sworn, say that I am Related to Dean Adams as Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Malinda B. Bredshaw (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Effie B. Adams Signature
Weiser P. O. Address

Subscribed and sworn to before me on this 17 day of February, 1941
(SEAL) E. R. Cloutier Notary Public, residing at Weiser Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266 122-025 993

307656

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

CERTIFICATE OF BIRTH

Local Reg. No. _____

FEB 19 1941

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH:
 - (a) County Idaho (b) City Denver
 - (c) Street Address or R.F.D. No. _____
 - (d) Name of Hospital or Maternity Home: Born at home
 - (e) Mother's stay BEFORE delivery:
 - In Hosp. or Mat. Home X days.
 - In THIS county 21 years 9 month 13 days.
2. USUAL RESIDENCE of MOTHER: (At time of this birth)
 - (a) State Idaho (b) County Idaho
 - (c) City Denver
 - (d) Street Address or R.F.D. No. _____
 - (e) How long has MOTHER lived in Idaho? 67 yrs.
 - (f) Mother's mailing address Grangeville, Ida
3. RESIDENCE of FATHER (city, state) Deer

4. FULL NAME OF CHILD Laurence Francis Bowman
5. Date of Birth (Month, day, year) Jan 22 Tuesday 1895
6. Sex Male
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Francis Marion Bowman
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace West Virginia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Rice
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Near Grangeville Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum XX
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3
- (c) Born alive and now dead X (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was X at X M. on the date and at the place stated above, and that personal particulars were furnished by X, who is related to this child as X (Mother, etc.) (First name) (Last name)

26. (a) FEB 19 1941 (Date received)
- (b) Clyde A. Bridger Acting (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature X M.D. (D.O., Midwife, etc.)
- and address _____ Date _____

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nancy Bowman Stilwell, being first duly sworn, say that I am Related Laurence Francis Bowman as Mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Maggie Rice, mid wife, who attended said birth is now deceased (Name of attendant at birth) (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Nancy Bowman Stilwell Signature
Grangeville P. O. Address

Subscribed and sworn to before me on this 18 day of February, 1941
(SEAL) McArthur Notary Public, residing at Grangeville, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 307731

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Canyon (b) City Falk Store
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Falk Store
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 55 yrs.
(f) Mother's mailing address Falk Store

3. RESIDENCE of FATHER (city, state): Falk Store

4. FULL NAME OF CHILD Thomas William Patton

5. Date of Birth (Month, day, year) Feb. 19, 1895

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Charles Albert Patton
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Arkansas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Livestock

16. FULL MAIDEN NAME Bertha Ethel Stuart
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Falk Store Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) MAR 7 1941 (Mother, etc.)
(Date received) Acting Clyde A. Bringer
(Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bertha E. Patton, being first duly sworn, say that I am Related (Related to (or) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Mary Nesbit (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Bertha E. Patton Signature
Jerome, Idaho P.O. Address

Subscribed and sworn to before me on this 16 day of March, 1941

(SEAL)

G. Fred White Notary Public, residing at Boise, Idaho

NOV 25 1959

3/7/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

363-107-014-154
RECEIVED
FEB 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **307743**

Local Reg. No. _____

Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery: own home
In Hosp. or Mat. Home _____ days.
In **THIS** county _____ years _____ month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address Emmett, Idaho
3. **RESIDENCE of FATHER** (city, state): Emmett, Ida.

4. **FULL NAME OF CHILD** Clarence Leslie Tolles

5. Date of Birth
(Month, day, year) June 17, 1895

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 MO 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** Charles Stone Tolles
11. Color or Race White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Cambridge, Mass.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

16. **FULL MAIDEN NAME** Ellen Rachel Anderson
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace St. Louis, California
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)
(First name) (Last name)

26. (a) _____ (b) _____
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's
OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of _____
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ellen Rachel Tolles, being first duly sworn, say that I am related to
Clarence Leslie Tolles as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary B. Tolles, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

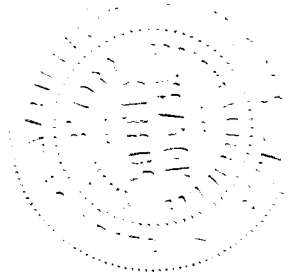
Ellen Rachel Tolles Signature
4230 Midvale Avenue, Seattle, Wn. P.O. Address

Subscribed and sworn to before me on this 20 day of February, 19 41
(SEAL) Notary Public, residing at Seattle

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

FEB 21 1941

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **307749**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County **Lemhi** (b) City **Junction**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **Home Residence**
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
In THIS county. years. months. days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State **Idaho** (b) County **Lemhi**
(c) City **Leadville**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho. yrs.
(f) Mother's mailing address. **Leadville**
3. RESIDENCE OF FATHER (city, state). **Leadville**

4. FULL NAME OF CHILD **Gladys Margaret McRea**
6. Sex **Female** 7. Twin or Triplet
If so—born 1st, 2nd, 3rd

5. Date of Birth (Month, day, year) **Nov 19, 1895**
8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD
10. FULL NAME **Edward McRea**
11. Color or Race **white** 12. Age at time of THIS birth **28** yrs.
13. Birthplace **Quincy, Kansas**
(City or town) (State or foreign country)
14. Exact Occupation **Ranching**
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME **Margaret Katherine Ireland**
17. Color or Race **white** 18. Age at time of THIS birth **30** years
19. Birthplace **Malak, Idaho**
(City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business **Housewife**

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child **3** (b) Born alive and now living **3**
(c) Born alive and now dead. (d) Stillborn.

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M on the date and at the place stated above, and that personal particulars were furnished by **Margaret McRea**, who is related to this child as **mother**.
(Mother, etc.)

26. (a) (b) **Chas. A. Bridger**
(Date received) (Registrar's signature)
27. Given name added on by
(Registrar's signature)

25. Attendant's OWN signature **deceased** M.D. or **Housewife**
(D.O., Midwife, etc.)
and address Date

State of **Idaho** } ss.
County of **Lemhi**

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Margaret McRea, being first duly sworn, say that I am **McRea** (Related to (or) acquainted with)
Gladys Margaret McRea as **daughter**, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Mary Bluff Hansen**, who attended said birth, **deceased** and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this **30** day of **January** 19**41**
(SEAL) **May V. Blum** Notary Public, residing at **Leadville, Idaho**
Name **Margaret McRea**
P. O. Address **Leadville, Idaho**

cc 3/1/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 3077774

CERTIFICATE OF BIRTH

Local Reg. No.

FEB 25 1941

STATE OF IDAHO

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County. <u>Idaho</u> (b) City <u>New Meadows</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State. <u>Idaho</u> (b) County <u>Adams</u> (c) City <u>New Meadows</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>46</u> yrs. (f) Mother's mailing address <u>New Meadows, Ida.</u>	
4. FULL NAME OF CHILD <u>Katherine Lucretia Mitchell</u>		5. Date of Birth <u>June 30, Sun.</u> (Month, day, year) <u>1895</u>	
6. Sex _____	7. Single <u>Twins or Triplet</u> If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>James Andrew Mitchell</u>		16. FULL MAIDEN NAME <u>Louisa Lawifel</u>	
11. Color <u>White</u> 12. Age at time of THIS birth <u>25</u> yrs.		17. Color <u>White</u> 18. Age at time of THIS birth <u>30</u> yrs.	
13. Birthplace <u>Hawland Missouri</u> (City or town) (State or foreign country)		19. Birthplace <u>Logan Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer & stock raiser</u>		20. Exact Occupation _____	
15. Industry or Business <u>Barren & stock raiser</u>		21. Industry or Business <u>Housewife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____			
23. Number of children of this mother: (a) At time of birth and including this child. <u>1</u> (b) Born alive and now living. <u>1</u> (c) Born alive and now dead _____ (d) Stillborn _____			

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) _____ (Mother etc.)
(Date received) City of A. Bridge
Atty (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Adams

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

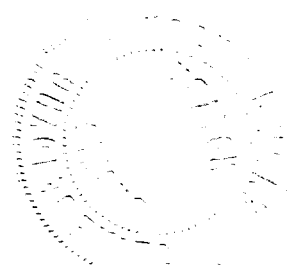
I, Katherine Lucretia Mitchell, being first duly sworn, say that I am The Mother of (Related to (or) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Tommy Clay, who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 24th day of February, 1941
(SEAL) Earl Johnson Notary Public, residing at NEW MEADOWS, IDAHO

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



231-119-006-445

RECEIVED

United States
Department of Commerce
Bureau of the Census

FEB 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307800

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>Bingham</u> (b) City <u>Blackfoot</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Blackfoot</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>12</u> yrs. (f) Mother's mailing address <u>dead</u> 3. RESIDENCE of FATHER (at time of birth) <u>Emfield Otto</u>	
4. FULL NAME OF CHILD <u>George Sherman Staley</u>		5. Date of Birth (Month, day, year) <u>April 19-1895</u>	
6. Sex <u>Male</u>	7. Twin or Triplet _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Samuel Sherman Staley</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>29</u> yrs. 13. Birthplace <u>Carmi</u> <u>Illinois</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Billie Janette Duncan</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>23</u> yrs. 19. Birthplace <u>some place in Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
 23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
 (c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) FEB 3 1941 (Mother, etc.)
 (Date received) (b) Edw. L. Bridger
 Acting (Registrar's signature)
 27. Given name added on _____ by _____
 (Registrar's signature)
 25. Attendant's OWN signature Dead M.D. _____
 (D.O., Midwife, etc.)
 and address _____ Date _____

State of Illinois ss.
 County of White

I, Samuel Sherman Staley, being first duly sworn, say that I am Father related to George Sherman Staley
 (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Barah Cullifer, who attended said birth is deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this 9 day of Feb, 1941 at St. Louis
 (SEAL) J. E. Croce Notary Public, residing at 809 S. 11th St.
 Signature _____ P.O. Address _____

MAX. COMMISSION. EXPIRES. Dec 30-1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

MAR 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307901

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Madison (b) City Lyman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Lyman
(d) Street Address or R.F.D. No. Thornton, #1
(e) How long has MOTHER lived in Idaho? 53 yrs.
(f) Mother's mailing address Thornton, #1
3. RESIDENCE of FATHER (city, state). Deceased.

4. FULL NAME OF CHILD Clarence Reid

5. Date of Birth (Month, day, year) Oct. 29, 1895

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME John Cummings Reid
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Kilmarnock Ayrshire, Scotland
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farmer

16. FULL MAIDEN NAME Jane Sharp
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Farmington, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 2
(c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) MAR 3 1941 (Date received) (b) Glyde A. Bridger Acting (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Madison

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jane Sharp Reid, being first duly sworn, say that I am related to Clarence Reid as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Waltz (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

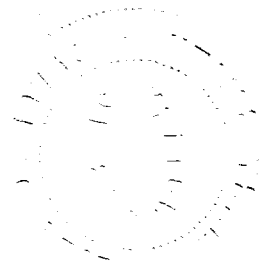
Signature Jane Sharp Reid P.O. Address Thornton, Idaho, RFD #1

Subscribed and sworn to before me on this 28th day of February, 1941.
(SEAL) Mary Smith Notary Public, residing at Rexburg, Idaho.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



215-210-035-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **307954**

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

MAR 4 1941

1. PLACE OF BIRTH: (a) County <u>Nez Perce</u> (b) City <u>Lapwai</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>N.P.</u> (c) City <u>Lewiston</u> (d) Street Address or R.F.D. No. <u>1212-Ida.</u> (e) How long has MOTHER lived in Idaho? <u>20</u> yrs. (f) Mother's mailing address _____	
3. RESIDENCE of FATHER (city, state): <u>Dead</u>			

4. FULL NAME OF CHILD <u>Mattie Mable Banning</u>		5. Date of Birth <u>6-10-'95</u> (Month, day, year)	
6. Sex <u>Female</u>	7. Twin or Triplet <u>No</u>	If so—born 1st, 2nd, 3rd <u>No</u>	8. No. months of Pregnancy <u>9</u>
		9. Legitimate? <u>Yes</u>	

FATHER OF CHILD 10. FULL NAME <u>Cyrus Banning</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>State of Ill.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Deceased</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Bertha Mills</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>19</u> yrs. 19. Birthplace <u>State of Ore.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
---	--	--	--

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
 (c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) _____ (Date received) (b) <u>Clyde A. Bridger</u> (Registrar's signature)	25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____
27. Given name added on _____ by _____ (Registrar's signature)	

State of Idaho
 County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bertha Evans, being first duly sworn, say that I am related Mattie Mable Banning as Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that None (Name of attendant at birth) who attended said birth _____ and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Bertha Evans Signature
1212-Ida. St. P. O. Address

Subscribed and sworn to before me on this 3 day of March, 1941.
 (SEAL) John R. Phillips Notary Public, residing at Lewiston, Ida.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-211-006-293

307992

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

CERTIFICATE OF BIRTH

Local Reg. No.

MAR 5 1941

STATE OF IDAHO

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. Shilling Avenue
(d) Name of Hospital or Maternity Home:
family residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. Shilling Avenue
(e) How long has MOTHER lived in Idaho? Over 4 yrs.
(f) Mother's mailing address Blackfoot, Idaho
3. RESIDENCE of FATHER (city, state) Blackfoot, Idaho

4. FULL NAME OF CHILD Ruby Idaho Hilliard

5. Date of Birth (Month, day, year) February 11, 1895

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Charles Forrester Hilliard
11. Color white 12. Age at time of THIS birth 25 yrs.
13. Birthplace Boston Mass.
(City or town) (State or foreign country)
14. Exact Occupation Sign writer & painter
15. Industry or Business

16. FULL MAIDEN NAME Laura Bliss Bithell
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Ophir Utah
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead X (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

MAR 5 1941 (Mother, etc.)
26. (a) _____ (b) Edith A. Bridger
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho
County of Bingham } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura B. Hilliard, being first duly sworn, say that I am related to Ruby Idaho Hilliard Mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Grandma) Crookwell, who attended said birth is now deceased and that this birth has not been previously recorded. (Name of attendant at birth) (Is now deceased (or) cannot be located)

Laura B. Hilliard Signature
Blackfoot, Idaho South Oak Street P. O. Address

Subscribed and sworn to before me on 1st day of March, 1941
(SEAL) _____ Notary Public, residing at Blackfoot, Idaho
Commission expires Nov. 13, 1944 (W.H. Stufflebeam)

FEB 23 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **308045**

MAR 7 1941

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County **Nez Perce** (b) City **Lewiston**
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: **None**
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
In THIS county **36** years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State **Deceased** (b) County **Nez Perce**
(c) City **Lewiston Idaho**
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? **50** yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state): **Dead**

4. FULL NAME OF CHILD **Benjamin Shepler** 5. Date of Birth (Month, day, year) **9-21-196 95**
6. Sex **Male** 7. Twin or Triplet **No** If so—born 1st, 2nd, 3rd **No.** 8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME **Marion E. Shepler** 16. FULL MAIDEN NAME **Agnes Tertling**
11. Color or Race **White** 12. Age at time of THIS birth **39** yrs. 17. Color or Race **White** 18. Age at time of THIS birth **24** yrs.
13. Birthplace **State of Mo.** (City or town) (State or foreign country) 19. Birthplace **Kan City, Kan.** (City or town) (State or foreign country)
14. Exact Occupation **Farner** 20. Exact Occupation **deceased**
15. Industry or Business _____ 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child. _____ (b) Born alive and now living. _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born** at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) _____ (b) **Chas. A. Bridger** (Mother, etc.) (Registrar's signature)
(Date received) _____
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of **Idaho** County of **Nez Perce** } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

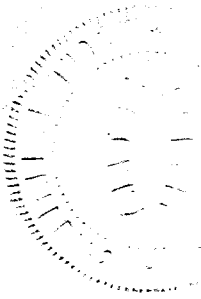
I, **Pete Tertling**, being first duly sworn, say that I am **related** to **Benjamin Shepler** as **Uncle** (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Unknown**, who attended said birth _____ and that this birth has not been previously recorded. (Name of attendant at birth)
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this **3** day of **Mar. 1941**, 19____
(SEAL) **John A. Phillips** Notary Public, residing at **Lewiston, Ida**

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



CO 3/10/11 0745

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819-203.029-249

United States
Department of Commerce
Bureau of the Census

RE (Be sure) the information is as of date of birth of THIS child)

State File No. **308089**

CERTIFICATE OF BIRTH

Local Reg. No. _____

MAR 17 1941

STATE OF IDAHO

Reg. Dist. No. _____

- | | |
|--|--|
| 1. PLACE OF BIRTH:
(a) County <u>Latah Co.</u> (b) City <u>6 mi. East, Jayfield, Wn.</u>
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days. | 2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Latah</u>
(c) City <u>6 mi. East, Jayfield, Wn.</u>
(d) Street Address or R.F.D. No. <u>farm</u>
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____
3. RESIDENCE of FATHER (city, state): <u>Idaho</u> |
|--|--|

- | | |
|---|--|
| 4. FULL NAME OF CHILD <u>Helen Jane Harrington</u> | 5. Date of Birth (Month, day, year) <u>Sept 3, 1995</u> |
| 6. Sex <u>Female</u> | 7. Twin or Triplet _____ 8. No. months of Pregnancy _____ 9. Legitimate? <u>Yes</u> |
| 10. FULL NAME <u>Louis Edward Harrington</u> | 11. Color or Race <u>White</u> |

- | | |
|--|--|
| FATHER OF CHILD
10. FULL NAME <u>Louis Edward Harrington</u>
11. Color or Race <u>White</u>
12. Age at time of THIS birth <u>26</u> yrs.
13. Birthplace <u>Rock Island Co., Illinois</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>
15. Industry or Business _____ | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Clara Iowa Smith</u>
17. Color or Race <u>White</u>
18. Age at time of THIS birth <u>19</u> yrs.
19. Birthplace <u>Summit Co., Iowa</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business _____ |
|--|--|

- 22. Name prophylactic used to prevent Ophthalmia Neonatorum.** _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

- | | |
|--|--|
| 26. (a) March 3, 1941 (Date received) (b) <u>Patricia Burke</u> (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature) | 25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)
and address _____ Date _____ |
|--|--|

State of Idaho }
County of Payette } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Clara Harrington, being first duly sworn, say that I am related to Helen Jane Harrington as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Elizabeth Briner (Name of attendant at birth), who attended said birth now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Clara Harrington Signature
Caldwell, Idaho P. O. Address

Subscribed and sworn to before me on this 14 day of March, 1941
(SEAL) Phil Meigs Notary Public, residing at _____
CLERK OF THE DISTRICT COURT
EX-OFFICIO AUDITOR AND RECORDER

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

867-221-003-952

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 7 1941

are the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

308115

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH: (a) County. <u>Baynes</u> (b) City. <u>Soda Springs</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home..... days. In THIS county <u>2</u> years <u>8</u> months <u>2</u> days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State. <u>Idaho</u> (b) County. <u>Kingham</u> (c) City. <u>Soda Springs</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>5</u> yrs. (f) Mother's mailing address. <u>Soda Springs, Idaho</u>	
4. FULL NAME OF CHILD <u>Violet Selina Hopkins</u>		5. Date of Birth (Month, day, year) <u>Oct. 21, 1895</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Samuel Hopkins</u>		16. FULL MAIDEN NAME <u>Rosina Louise Reber</u>	
11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>36</u> yrs.		17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>18</u> years	
13. Birthplace <u>Ebbw Vale, So. Wales, England</u> (City or town) (State or foreign country)		19. Birthplace <u>Lorraine, Berner, Switzerland</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>laborer</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 9
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4:15 A M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Rosina Hopkins who is related to this child as mother (First name) (Last name)
(Mother, etc.)

26. (a) MAR 7 1941 (b) Colin de A. Bridger
(Date received) (Registrar's signature)
27. Given name added on..... by..... (Registrar's signature)
25. Attendant's **OWN signature**..... M.D. or..... (D.O., Midwife, etc.)
and address..... Date.....

State of Idaho } ss.
County of Caribou }
I, Rosina Hopkins, being first duly sworn, say that I am..... (Related to (or) acquainted with)
Violet Selina Hopkins as daughter, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1927 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Brunder, who attended (Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Subscribed and sworn to before me on this 5th day of March 1941
(SEAL) Colin Chester Notary Public, residing at Soda Springs, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-118001-466

308154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

FEB 21 1941

1. PLACE OF BIRTH: (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. _____ days. In THIS county <u>2</u> years month <u>15</u> days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>2</u> yrs. (f) Mother's mailing address <u>Boise Idaho</u>	
4. FULL NAME OF CHILD <u>Clinton Edison Looney</u>		3. RESIDENCE of FATHER (city, state): <u>Boise Idaho</u>	
6. Sex <u>male</u>		5. Date of Birth (Month, day, year) <u>July 18-1895</u>	
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		8. No. months of Pregnancy <u>9 mo.</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>William Clinton Looney</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>22</u> yrs. 13. Birthplace <u>W. Virginia</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>For self</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Emma Jane Moore</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>19</u> yrs. 19. Birthplace <u>Manterville Minn.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>For self</u>	
22. Name prophylactic used to prevent <u>Ophthalmia Neonatorum</u> 23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u> (c) Born alive and now dead _____ (d) Stillborn _____			

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 5 A M. on the date _____ (born alive, stillborn, or dead) _____, who is related to this child as Mother (Mother, etc.) _____, who is _____ (First name) (Last name) _____.

26. (a) FEB 21 1941 (Date received) **(b)** E. J. Glover (Registrar's signature)

25. Attendant's OWN signature E. J. Glover M.D. (D.O., Midwife, etc.) _____ and address Eagle Creek Date 2/29/41

27. Given name added on _____ by _____ (Registrar's signature)

State of Oregon } ss.
County of Clackamas

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mr. E. J. Glover, being first duly sworn, say that I am mother (Related to (or) acquainted with) Clinton Edison Looney as son (Name of person on certificate above) (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Caroline Looney (Name of attendant at birth) _____, who attended said birth: Deceased (Is now deceased (or) cannot be located) _____ and that this birth has not been previously recorded.

Mr. Emma J. Glover Signature
Eagle Creek Ore. P. O. Address

Subscribed and sworn to before me on this 29 day of February 1941
(SEAL) E. J. Glover Notary Public, residing at Estacada Ore.

MY COMMISSION EXPIRES MAY 15, 1943.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

PM 1/1/11

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

769-121-029-386
RECEIVED Be sure the information is as of date of birth of THIS child)

MAR 20 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

309272
State File No.
Local Reg. No. 1368
Reg. Dist. No. 201

1. PLACE OF BIRTH: (a) County <u>Latah</u> (b) City <u>_____</u> (c) Street Address or R.F.D. No. <u>_____</u> (d) Name of Hospital or Maternity Home: <u>_____</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home <u>_____</u> days. In THIS county <u>_____</u> years <u>_____</u> months <u>_____</u> days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>_____</u> (d) Street Address or R.F.D. No. <u>_____</u> (e) How long has MOTHER lived in Idaho? <u>2</u> yrs. (f) Mother's mailing address <u>Farmington, Wash</u>	
4. FULL NAME OF CHILD <u>Thomas Earl Poindester</u>		5. Date of Birth (Month, day, year) <u>Sept 21, 1895</u>	
6. Sex <u>male</u>	7. Twin or Triplet <u>no</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Thomas Simpson Poindester</u>		16. FULL MAIDEN NAME <u>Sedalia Thomas</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>32</u> yrs.		18. Age at time of THIS birth <u>24</u> years	
13. Birthplace <u>Oregon</u> (City or town) (State or foreign country)		19. Birthplace <u>Illinois</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business <u>_____</u>		21. Industry or Business <u>_____</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>_____</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u> (c) Born alive and now dead <u>_____</u> (d) Stillborn <u>_____</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>_____</u> at <u>_____</u> M. on the date <u>_____</u> and at the place stated above, and that personal particulars were furnished by <u>_____</u> , who is related to this child as <u>_____</u> (Mother, etc.) (First name) (Last name)			
26. (a) <u>3-17-41</u> (Date received)		25. Attendant's OWN signature <u>_____</u> M.D. or <u>_____</u> (D.O., Midwife, etc.)	
27. Given name added on <u>by</u> <u>_____</u> (Registrar's signature)		and address <u>_____</u> Date <u>_____</u>	

State of Oregon } ss.
County of Marion

Sean C. Poindester, being first duly sworn, say that I am related to Thomas Earl Poindester as 6 Elder Brother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mammy Laws, who attended said birth is now deceased (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 15th day of March, 1941

(SEAL)

Les A. Pohlen Notary Public, residing at Salem, Oregon

My commission expires July 9, 1943

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

243-118-003-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

309276

State File No.

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Banock (b) City Pocatello
(c) Street Address or R.F.D. No. 42 No. Harrison Ave.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home None days.
In **THIS** county Five years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Banock
(c) City Pocatello
(d) Street Address or R.F.D. No. 42 No. Harrison Ave.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.
(f) Mother's mailing address. 42 No. Harrison Ave.

3. **RESIDENCE of FATHER** (city, state) Pocatello Ida.

4. **FULL NAME OF CHILD** Joseph Earl Sutton
5. Date of Birth (Month, day, year) June 18 1895
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** Samuel Sutton
11. Color or Race White 12. Age at time of THIS birth 47 yrs.
13. Birthplace New York New York
(City or town) (State or foreign country)
14. Exact Occupation Machinest
15. Industry or Business Industry O.S.L.B.R. Co.

16. **FULL MAIDEN NAME** Ida May Peck
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Rocky Bar Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Not Known
23. Number of children of this mother: (a) At time of birth and including this child. one (b) Born alive and now living one
(c) Born alive and now dead none (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) MAR 20 1941 (b) Maude Feeder
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's **OWN signature** _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of California } ss.
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mellie Jane Gregory, being first duly sworn, say that I am related to Joseph Earl Sutton as his aunt (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Dean, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Mellie Jane Gregory Signature
Boise, Idaho P.O. Address

Subscribed and sworn to before me on this 11th day of March, 1941
(SEAL) Paul Bergquist Notary Public, residing at Winnar, Calif.

My Commission Expires April 5, 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 33, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

5/26/62 Z.J.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

195-225-004-466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

309401

CERTIFICATE OF BIRTH

Local Reg. No.

STATE OF IDAHO

Reg. Dist. No.

MAR 24 1941

1. PLACE OF BIRTH: (a) County <u>Bear Lake</u> (b) City <u>Town</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. <u>Born in parent's home</u> In THIS county _____ years _____ month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bear Lake</u> (c) City <u>Town</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>13</u> yrs. (f) Mother's mailing address <u>Decayed</u>	
4. FULL NAME OF CHILD <u>Beatrice Lillian Minnig</u>		5. Date of Birth (Month, day, year) <u>March 25, 1895</u>	
6. Sex <u>female</u>	7. Twin or Triplet <input checked="" type="checkbox"/>	If so—born 1st, 2nd, 3rd <input checked="" type="checkbox"/>	8. No. months of Pregnancy <u>9m</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John Minnig</u>		16. FULL MAIDEN NAME <u>Elizabeth Moorey</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>36</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>26</u> yrs.
13. Birthplace <u>Berne Switzerland</u> (City or town) (State or foreign country)		19. Birthplace <u>Bern Switzerland</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>medicine was used by doctor but don't know up</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>104</u> (c) Born alive and now dead (d) Stillborn <u>none</u>			

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) 3/24/41 (Mother, etc.) Dr. Hoover now deceased
(Date received) (b) John Minnig (Registrar's signature)

25. Attendant's OWN signature _____ **M.D.** _____
(D.O., Midwife, etc.)

27. Given name added on _____ **by** _____ **and address** _____ **Date** _____
(Registrar's signature)

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John Minnig, being first duly sworn, say that I am the father
Beatrice Lillian Minnig as her father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hoover, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this 21st day of March, 1941

(SEAL)

Chas. E. Harris

Notary Public, residing at Montpelier Idaho

Signature

P. O. Address

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

3/27/41 Z.J.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

MAR 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Lakeview
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 6 years 6 month 6 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Lakeview
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Lakeview, Idaho
3. RESIDENCE of FATHER (city, state): Lakeview, Ida

4. FULL NAME OF CHILD ANNA LORENA HADDON

5. Date of Birth Nov. 10, 1895
(Month, day, year)

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mos 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME ELMER ELSWORTH HADDON
11. Color or Race White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Carlisle Indiana
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

16. FULL MAIDEN NAME OSHELIA G. PORTER
17. Color or Race White 18. Age at time of THIS birth 38 yrs.
19. Birthplace Sac City Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(born alive, stillborn) (First name) (Last name)

26. (a) MAR 25 1941 (b) Maude Elder
(Date received) (Registrar's signature)

25. Attendant's No Attendant M.D.
OWN signature _____ (D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____
(Registrar's signature)

State of WASHINGTON
County of SKAGIT } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ELMER E. HADDON, being first duly sworn, say that I am related to
ANNA LORENA HADDON as her father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no attendant, who attended said birth _____ and that this birth has not been previously recorded.
(Name of attendant at birth)

(Is now deceased (or) cannot be located)

Elmer E. Haddon Signature
Anacortes, Wash., Rt. #1 P. O. Address

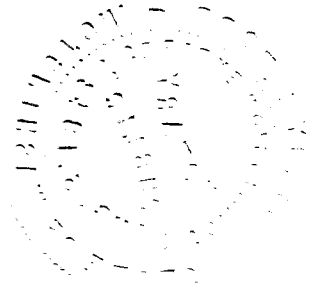
Subscribed and sworn to before me on this 24th day of March, 1941
(SEAL) [Signature] Notary Public, residing at Anacortes.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

CC 413141 DMF



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

359-2054029 695

RECEIVED

309589

United States
Department of Commerce
Bureau of the Census

MAR 31 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County Latah (b) City Linden (P.O.)
(c) Street Address or R.F.D. No. Farm
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home None days.
In THIS county _____ years _____ month _____ days.
2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Linden P.O.
(d) Street Address or R.F.D. No. Farm
(e) How long has MOTHER lived in Idaho? 6 mos.
(f) Mother's mailing address Linden, Ida.
3. RESIDENCE OF FATHER (city, state) Linden, Ida.

4. FULL NAME OF CHILD Mabel Alice Terhune
5. Date of Birth (Month, day, year) Nov. 5, 1895
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 mos. 9. Legitimate? Yes

- FATHER OF CHILD
10. FULL NAME Robert Terhune
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Jefferson Ore. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer
- MOTHER OF CHILD
16. FULL MAIDEN NAME Dennie Elizabeth Winchell
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Pickwood Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 3 P. M. on the date _____ and at the place stated above, and that personal particulars were furnished by Dennie Terhune, who is related to this child as _____ (First name) (Last name)

- MAR 31 1941 (Date received) (Mother's signature) (Registrar's signature)
26. (a) _____ (b) Mabel Terhune 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) _____
27. Given name added on _____ by _____ (Registrar's signature) and address _____ Date _____

State of Washington } ss.
County of King

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

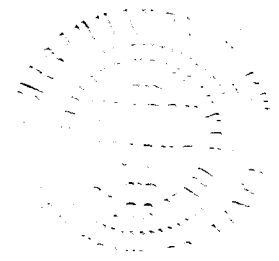
I, Robert Terhune, being first duly sworn, say that I am Related to Mabel Alice Terhune as Father (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Mick Smith, who attended said birth cannot be located (Name of attendant at birth) (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 25 day of March, 1941
(SEAL) Wm. J. Shannon Notary Public, residing at Seattle
4222 Fremont Ave., Seattle, Wash. Signature P.O. Address

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



1416 714

319-225-200-815

309702

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

APR 4 1941

1. PLACE OF BIRTH: 3 miles North (a) County <u>Bingham</u> (b) City <u>Soda Springs</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county 24 years month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County _____ (c) City <u>Soda Springs</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>24</u> yrs. (f) Mother's mailing address <u>Soda Springs, Ida.</u>	
4. FULL NAME OF CHILD <u>Grace Amelia Tarr</u>		5. Date of Birth (Month, day, year) <u>Nov. 25, 1895</u>	
6. Sex <u>female</u>	7. Twin or Triplet <u>single</u>	If so—born 1st, 2nd, 3rd <u>no</u>	8. No. months of Pregnancy <u>9</u>
		9. Legitimate? <u>yes</u>	

10. FULL NAME <u>Jacob Ezra Tarr</u>		16. FULL MAIDEN NAME <u>Annie Abalula Hansen (Tarr)</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>28</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>24</u> yrs.
13. Birthplace <u>Neosho, Missouri</u> (City or town) (State or foreign country)		19. Birthplace <u>Soda Springs, Idaho.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Farming</u>		21. Industry or Business <u>Housekeeping</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) APR 4 1941 (Mother, etc.)
(Date received) (b) Mabel E. Culley
(Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Bannock

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Annie A. Hansen Tarr, being first duly sworn, say that I am related to
Grace Amelia Tarr as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that M. E. Culley, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Annie A. Hansen Tarr Signature
1358 E. Lander St., Pocatello, Idaho. P.O. Address

Subscribed and sworn to before me on this 31st day of March, 19 41
(SEAL) M. E. Culley Notary Public, residing at Pocatello, Idaho.

1914 0 10N

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

48-114-127-632

309893

United States
Department of Commerce
Bureau of Census

Be sure the information is as of date of birth of THIS child)
APR 9 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. <u>None</u> days. IN THIS county <u>5</u> years <u>month</u> days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>MOSCOW</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? _____ yrs. (f) Mother's mailing address <u>MOSCOW</u>	
3. RESIDENCE of FATHER (city, state) <u>MOSCOW</u>		5. Date of Birth (Month, day, year) <u>Dec. 14, 1895</u>	
4. FULL NAME OF CHILD <u>Ludia Francis Dahlborg</u>		6. Sex <u>Male</u> 7. Twin or Triplet <u>no</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
6. FATHER OF CHILD 10. FULL NAME <u>Frank L. Dahlborg</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>38 1/2</u> yrs. 13. Birthplace <u>Berslaga, Sweden</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farmer</u>		6. MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Christenia Dahlberg Olson</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>22 1/2</u> yrs. 19. Birthplace <u>Vermland, Sweden</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Housewife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>yes</u> (c) Born alive and now dead <u>no</u> (d) Stillborn <u>no</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)			
26. (a) Apr. 9, 1941 (Date received) (b) <u>Mabel G. Elder</u> (Registrar's signature)		25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____	
27. Given name added on _____ by <u>Mabel G. Elder</u> (Registrar's signature)			

State of Idaho }
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Christenia Dahlborg, being first duly sworn, say that I am related to Ludia Francis Dahlborg as Mother (Related to (or) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Amanda Erickson (Name of attendant at birth) who attended said birth ill and cannot be had and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Christenia Dahlborg Signature
1104 S. Lynn Ave., Moscow, Idaho P. O. Address

Subscribed and sworn to before me on this 8th day of April, 19 41
(SEAL) Re Peterson Notary Public, residing at Moscow, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

142-25-678-742
RECEIVED
United States
Department of Commerce
Bureau of Census
APR 9 1941

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

309907

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH**
(a) County Clearwater (b) City Clearwater P.O.
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Clearwater P.O.

4. **FULL NAME OF CHILD** Jessie Jean Austin
6. Sex Girl
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

3. **RESIDENCE of FATHER** (city, state) Clearwater P.O.
5. Date of Birth (Month, day, year) April 18 1890
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** William Arthur Austin
11. Color white 12. Age at time of THIS birth 30 yrs.
13. Birthplace W. Eaton Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Ellen Austin
17. Color white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Bentonville Arkansas
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10 P.M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mary Ellen Austin, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

26. (a) _____ (b) Mabel Feely 25. Attendant's **OWN** signature Deceased M.D. _____
(Date received) (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on _____ by _____ and address _____
(Registrar's signature) Date

State of Washington } ss.
County of Whitman

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Mary Ellen Austin, being first duly sworn, say that I am Related to
Jessie Jean Austin as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that M. Baker, who attended said birth, is now deceased and that this birth has not been previously recorded.
(Name of attendant at birth)
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 8th day of April 1941
(SEAL) Marie J. Seward Notary Public, residing at St. John
Thornton Wash P. O. Address

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

APR 14 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

309939
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Bear Lake (b) City Georgetown
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Born in own home, midwife
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 29 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bear Lake
(c) City Georgetown
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 47 yrs.
(f) Mother's mailing address now deceased

4. FULL NAME OF CHILD

Charles Griffith Latham

5. Date of Birth

(Month, day, year) 6-15-1895

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

James Bonle Latham

11. Color or Race White

12. Age at time of THIS birth 55 yrs.

13. Birthplace Lancashire England

(City or town) (State or foreign country)

14. Exact Occupation Coal mine engineer

15. Industry or Business Farmer, Salesman

MOTHER OF CHILD

16. FULL MAIDEN NAME

Lydia Mary Jones

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace Glamorganshire S. Wales

(City or town) (State or foreign country)

20. Exact Occupation Home keeper & mother

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. unknown

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above and that personal particulars were furnished by Eveline Latham Hansen who is related to this child as Sister (Mother, etc.)
(First name) (Last name)

26. (a) Apr. 14, 1941 (b) Mabel F. Elder
(Date received) (Registrar's signature)

27. Given name added on _____ by Mabel F. Elder
(Registrar's signature)

25. Attendant's

OWN signature Eveline Latham Hansen M.D.

and address ampa Idaho (D.O., Midwife, etc.)
Date April - 10 - 41

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth. (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19 _____

(SEAL)

Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho

County of Canyon

ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Emeline Latham Hansen

being first duly sworn says that

she is the sister
(Relationship of child)*

of Charles Griffith Latham

born June 15 - 1895
(Date of birth)

at Georgetown Idaho

Idaho,

whose certificate of birth is hereto attached, and that Emeline Latham Hansen desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Charles Griffith Latham

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Emeline Latham Hansen, M. D., was the

Midwife

medical attendant at the birth of said Charles Griffith Latham and that

the said medical attendant is Emeline Latham Hansen

(Now deceased (or) cannot be located)

Name of Affiant Emeline Latham Hansen

P. O. Address 504 - 13th Ave Nampa Idaho

Subscribed and sworn to before me this 7th day of April, 1941

Richard Henry

Notary Public,
for Idaho

Residing at Nampa, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



100

100

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

APR 11 1941

RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 310087

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Bondary (b) City Copeland

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home days.

In THIS county 1 years month days.

4. FULL NAME OF CHILD Chauncey Elmer Guthrie

6. Sex Male 7. Twin or Triplet

If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME James Henry Guthrie

11. Color or Race White 12. Age at time of THIS birth 32 yrs.

13. Birthplace Iowa (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Kootenai

(c) City Copeland

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 1 yrs.

(f) Mother's mailing address Copeland

3. RESIDENCE of FATHER (city, state) Copeland

5. Date of Birth (Month, day, year) June 9-1895

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL NAME Martha Adelle Washburn

17. Color or Race White 18. Age at time of THIS birth 17 yrs.

19. Birthplace Iowa (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living.

(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date

and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as.

26. (a) April 11-1941 (Mother etc.) (Date received)

(b) Martha Guthrie (Registrar's signature)

25. Attendant's OWN signature M.D.

(D.O., Midwife, etc.)

27. Given name added on by (Registrar's signature)

and address Date

State of Idaho

County of Bondary ss.

Martha Guthrie, being first duly sworn, say that I am related to

Chauncey Elmer Guthrie as mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no physician (Name of attendant at birth), who attended

said birth. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Martha Guthrie Signature

Copeland Idaho P.O. Address

Subscribed and sworn to before me on this 32 day March 19 41

(SEAL)

Notary Public, residing at Residing at Bonners Ferry.

Commission Expires March 9, 1945.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



534-115 036-789

1. PLACE OF BIRTH
County of Oneida
City of Dayton
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

310107

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Ernest Eldredge

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>1895 Feb. 15</u> (Month, Day, Year)
-----------------------	--	---------------------------------------	--------------------------------	--

9. Full name <u>FATHER</u> <u>Horace Eldredge</u>	18. Full maiden name <u>MOTHER</u> <u>Hannah Annora Phillips</u>
---	--

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Dayton, Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Dayton, Idaho</u>
--	--

11. Color or race <u>W</u>	12. Age at last birthday <u>31</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>21</u> (years)
----------------------------	--	----------------------------	--

13. Birthplace (city or place) (State or Country) <u>American Fork</u> <u>Utah</u>	22. Birthplace (city or place) (State or Country) <u>Clifton</u> <u>Idaho</u>
--	---

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
--	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. _____ or business in which work was done, as own home, law office, silk mill, etc. _____
--	--

16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____
---	---	---	---

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks	30. Cause of stillbirth _____
---	-------------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed up in 14, 1941 March 5 E. E. J. J.
Registrar.

SEP 22 1948

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of California

County of Los Angeles

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Horace Eldredge

being first duly sworn says that

is the father of Ernest Eldredge
(Relationship of child)*

born Feb. 15, 1895 at Duyton, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ernest Eldredge

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Jensen, M. D., was the

medical attendant at the birth of said No M.D. and that
the said medical attendant is deceased

(Now deceased (or) cannot be located)

Name of Affiant Horace Eldredge

P. O. Address 1812 East 64th Street, Los Angeles Calif.

Subscribed and sworn to before me this 12th day of April, 1941 1941

O. R. Beatty Los Angeles County
Notary Public.
My Commission expires March 24, 1943
Residing at _____, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

SEP 22 1946

4/24/41 W. J.

318710 203 219

United States
Department of Commerce
Bureau of Census

APR 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **311288**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 2 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City McCammon
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address McCammon, Idaho
3. RESIDENCE of FATHER (city, state) McCammon, Ida.

4. FULL NAME OF CHILD Leo Basil Taylor
5. Date of Birth (Month, day, year) Oct. 10, 1895
6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME James Henry Taylor
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Ogden Valley, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Ann Barber
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Pembury Kent, Sussex, England
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 10
(c) Born alive and now dead 1 (d) Stillborn 2

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) April 24-1941 (Date received) (b) Mabel J. Keeler (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Ann Taylor, being first duly sworn, say that I am Related (Related to (or) acquainted with)
Leo Basil Taylor as Mother, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Morley, who attended (Name of attendant at birth)
said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Mary Ann Taylor Signature
Los Angeles, California P. O. Address

Subscribed and sworn to before me on this 22nd day of April, 1941

(SEAL)

Violet A. Bank

Notary Public, residing at 6431 Pasadena Ave.
Los Angeles, Calif.

My Commission Expires Oct. 28, 1943

4/30/41 L.B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

465-226028863

311294

United States
Department of Commerce
Bureau of the Census

APR 24 1941 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

- | | |
|--|---|
| 1. PLACE OF BIRTH:
(a) County <u>Boundary</u> (b) City <u>Porthill</u>
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days. | 2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State <u>Idaho</u> (b) County <u>Boundary</u>
(c) City <u>Porthill</u>
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? <u>2</u> yrs.
(f) Mother's mailing address <u>Porthill</u>
3. RESIDENCE OF FATHER (city, state) <u>Porthill</u> |
|--|---|

- | | |
|--|---|
| 4. FULL NAME OF CHILD <u>Bertha May Montgomery</u> | 5. Date of Birth
(Month, day, year) <u>May 26, 1895</u> |
| 6. Sex <u>Female</u> 7. Twin or Triplet <u>Triplet</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u> | |

FATHER OF CHILD

- | |
|--|
| 10. FULL NAME <u>Thomas Edward Montgomery</u>
11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>41</u> yrs.
13. Birthplace <u>Buchanan Co. Missouri</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>farmer</u>
15. Industry or Business |
|--|

MOTHER OF CHILD

- | |
|---|
| 16. FULL MAIDEN NAME <u>Artimesa Holmes</u>
17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>18</u> years
19. Birthplace <u>Nodaway Co. Missouri</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business |
|---|

- 22. Name prophylactic used to prevent Ophthalmia Neonatorum**
- 23. Number of children of this mother:** (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

- | | |
|--|--|
| 26. (a) <u>Apr 24 - 1941</u> (b) <u>Mabel J. Keeler</u>
(Date received) (Registrar's signature)
27. Given name added onby.....
(Registrar's signature) | 25. Attendant's OWN signatureM.D. or.....
(D.O., Midwife, etc.)
and address.....Date..... |
|--|--|

State of Idaho } ss.
County of Boundary }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Artimesa Montgomery Green, being first duly sworn, say that I am.....related to.....
(Name of person on certificate above) (State relationship or acquaintance)
Bertha May Montgomery as Mother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended said birth.....
(Name of attendant at birth)
Deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Artimesa Montgomery Green Name
Kootenai, Idaho P. O. Address

Subscribed and sworn to before me on this 22 day of April, 1941 Clerk of the District Court,
(SEAL) Dallen Brown Notary Public, residing at Boundary County, Idaho

MAR 24 1965

c.c. 5/1/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

415-128029 291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **311444**

Local Reg. No. _____

Reg. Dist. No. _____

MAY 1 1941

1. PLACE OF BIRTH
(a) County Idaho (b) City Moscow Ida
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay BEFORE delivery: was at Home
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Moscow
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address R.F.D. 1 Moscow Ida

3. RESIDENCE of FATHER (city, state): _____

4. FULL NAME OF CHILD Charles Philip Danklefs

5. Date of Birth (Month, day, year) Nov. 28-1895

6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert J. Danklefs
11. Color or Race white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Wyck Germany
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Nicoline Braren
17. Color or Race white 18. Age at time of THIS birth 29 yrs.
19. Birthplace Wyck Germany
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 2
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

(Mother, etc.)

26. (a) May 1, 1941 (b) Mabel F. Elder
(Date received) (Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)

27. Given name added on _____ by Mabel F. Elder
(Registrar's signature)

and address _____ Date _____

State of _____
County of _____ ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Robert J. Danklefs, being first duly sworn, say that I am father
Charles Philip Danklefs son (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Britman, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P.O. Address

Subscribed and sworn to before me on this 30th day of April, 1941 at _____, State of Montana

(SEAL)

M. Davis Registrar at _____, _____, _____
Residence _____, _____, _____

My Commission Expires February 2, 1942.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

967-121-001-212
United States
Department of Commerce
Bureau of Census
MAY 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

311608

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. _____ days. IN THIS county _____ years _____ month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>45</u> yrs. (f) Mother's mailing address <u>1317 Eastman St</u>	
4. FULL NAME OF CHILD <u>RAYMOND ROGERS</u>		5. Date of Birth (Month, day, year) <u>July 21, 1895</u>	
6. Sex <u>Male</u>	7. Twin or Triplet _____	If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John Jack Rogers</u>		16. FULL MAIDEN NAME <u>Alice M. Baker</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>38</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>35</u> yrs.
13. Birthplace <u>Unknown United States</u> (City or town) (State or foreign country)		19. Birthplace <u>Oak Moss, Michigan</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Harness maker,</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Worked for Robert Nurce</u>		21. Industry or Business <u>In own home</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>5</u> (c) Born alive and now dead _____ (d) Stillborn _____			
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) _____, who is related to this child as _____ (First name) (Last name)			
26. (a) <u>May 7 - 1941</u> (Date received)		(b) <u>Malcolm F. Fisher</u> (Registrar's signature)	
27. Given name added on _____ by _____ (Registrar's signature)		25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.) and address _____ Date _____	

State of California }
County of SANTA CLARA } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Miss Lydia Gibbard, being first duly sworn, say that I am the cousin of RAYMOND ROGERS as Cousin (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Collister, who attended said birth is deceased and that this birth has not been previously recorded. (Name of attendant at birth) (Is now deceased (or) cannot be located)

Lydia Gibbard Signature
1284 Fruit Ave. Fresno, California P. O. Address

Subscribed and sworn to before me on this 30 day of April, 1941.
(SEAL) Paul C. Quenier Notary Public, residing at Paul C. Quenier
My Com. exp. Feb. 16, 1945.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

145-122-040-413

311659

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce MAY 8 1941 CERTIFICATE OF BIRTH Local Reg. No. _____
Bureau of Census STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County <u>Shoshone</u> (b) City <u>Wardner</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>Unknown</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. _____ days. IN THIS county <u>8</u> years _____ month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Shoshone</u> (c) City <u>Wardner</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>8</u> yrs. (f) Mother's mailing address <u>Deceased</u>	
--	--	--	--

4. FULL NAME OF CHILD <u>William Cornell Muehlman</u>		5. Date of Birth <u>Dec. 22, 1895</u> (Month, day, year)	
6. Sex <u>Male</u>	7. Twin or Triplet <u>no</u>	8. No. months of Pregnancy <u>unknown</u>	Legitimate? <u>yes</u>

FATHER OF CHILD 10. FULL NAME <u>Charles Henry Muehlman</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>42</u> yrs. 13. Birthplace <u>Detroit Mich.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Carpenter</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Ellen Maloney</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>36</u> yrs. 19. Birthplace <u>Lexington Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>unknown</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>5</u> (c) Born alive and now dead <u>none</u> (d) Stillborn <u>none</u>			

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) May 8-1941 (Date received) **(b)** Mabel E. Eefer (Registrar's signature)

27. Given name added on _____ **by** _____ (Registrar's signature)

25. Attendant's OWN signature _____ **M.D.** _____ (D.O., Midwife, etc.)
and address _____ Date _____

State of Washington }
County of King } ss. **AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John J. Maloney, being first duly sworn, say that I am Related (Related to (or) acquainted with) William Cornell Muehlman as Uncle whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Patchett (Name of attendant at birth) who attended said birth Deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 6th day of May, 1941, John J. Maloney Signature
(SEAL) Frank Muehlman P. O. Address 30 ml
Notary Public, residing at Seattle

SEP 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated; when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

499-116-031-759

311720

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 12 1941

1. PLACE OF BIRTH
(a) County LEWIS (b) City Near Kamiah
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Clearwater

4. FULL NAME OF CHILD Moten Madison Dizney
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

5. Date of Birth (Month, day, year) Oct 16-1895

6. Sex Male

8. No. months of Pregnancy _____ 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Henderson Trigg Dizney
11. Color white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Knox Co Ky (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Trizah Anna Ferguson
17. Color white 18. Age at time of THIS birth 32 yrs.
19. Birthplace Lawrence Kans (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) MAY 12 1941 (Date received) (b) Mabel T. Keeler (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Oregon
County of L Jackson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Henderson Trigg Dizney, being first duly sworn, say that I am related (Related to (or) acquainted with) Moten Madison Dizney as father whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. John Bell (Name of attendant at birth) who attended said birth now deceased and that this birth has not been previously recorded (Is now deceased (or) cannot be located)

Henderson Trigg Dizney Signature
518 Mary St. Medford, Oregon P. O. Address

Subscribed and sworn to before me on this 6th day of May 1941

(SEAL)

C. E. Pierce Notary Public, residing at Medford, Oregon
My commission expires July 31, 1942.

C.C. 5/19/11. W.H.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

532-230-08914

311727

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

MAY 10 1941

STATE OF IDAHO

1. PLACE OF BIRTH

(a) County BOISE (b) City Placerville
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery: BORN AT
In Hosp. or Mat. Home _____ days HOME
IN THIS county 30 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State IDAHO (b) County BOISE
(c) City PLACERVILLE
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address Boise Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD

Rose May Elster

6. Sex female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

5. Date of Birth May 30th 1895
(Month, day, year)

8. No. months of Pregnancy 9 9. Legitimate? Tuesday yes

FATHER OF CHILD

10. FULL NAME Nels Andrew Elster

11. Color or Race white 12. Age at time of THIS birth 33 yrs.

13. Birthplace Oslo Norway
(City or town) (State or foreign country)

14. Exact Occupation Minning

15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Raft

17. Color or Race white 18. Age at time of THIS birth 36 yrs.

19. Birthplace Essen Germany
(City or town) (State or foreign country)

20. Exact Occupation _____

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 9:00 P.M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

(Mother, etc.)

26. (a) MAY 10 1941 (b) Mary J. Elster
(Date recorded) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.

and address _____ (D.O., Midwife, etc.)
Date _____

State of Idaho }
County of Boise } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Elster being first duly sworn, say that I am Mother
Rose May Elster nee Mrs. H. W. Elster (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance) whose birth certificate

appears above and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that KATHERINE RAFT GRANDMOTHER who attended

said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mrs Mary Elster Signature
2309-12-20th St Boise Idaho D.O. Address

Subscribed and sworn to before me on this 10 day of May 1941

(SEAL)

Notary Public, residing at Meremont

C.C. 5/13/41. W.H.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
MAY 13 1941 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. **311772**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Jefferson (b) City Grant
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
Child born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
In **THIS** county _____ years _____ month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Grant
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 51 yrs.
(f) Mother's mailing address Grant, Idaho
3. **RESIDENCE of FATHER** (city, state): Same

4. **FULL NAME OF CHILD** Carrie Moedl
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

5. Date of Birth (Month, day, year) Mar 28 1895

FATHER OF CHILD
10. **FULL NAME** Xaver Moedl
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Richstadt Germany
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Cathrina Mischler
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Manheim Germany
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) May 13, 1941 (b) Mabel F. Elder
(Date received) (Registrar's signature)
27. Given name added on _____ by Mabel F. Elder
(Registrar's signature)

25. Attendant's **OWN** signature _____ (D.O., Midwife, etc.)
and address _____ Date _____

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Xaver Moedl, being first duly sworn, say that I am Father
Related as Father, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Henrietta Dabell, who attended said birth Deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Xaver Moedl Signature
4379 Tuttle St Los Angeles Cal. P. O. Address

Subscribed and sworn to before me on this 10th day of May, 19 41
(SEAL) G.E. Magoon Notary Public, residing at Los Angeles Cal.
My Comm. ex. Mon 5, 1942.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

652-204-029-799

RECEIVED

311787

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

MAY 8 1941

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 106 1st & Van Buren
(d) Name of Hospital or Maternity Home:
In Mother's Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 14 days.
In THIS county 4 years 3 months 0 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 106 1st & Van Buren
(e) How long has MOTHER lived in Idaho? 63 yrs.
(f) Mother's mailing address 106 1st & Van Buren

4. FULL NAME OF CHILD Erneline Marie Weber
6. Sex Girl
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

3. RESIDENCE OF FATHER (city, state): Moscow Ida
5. Date of Birth (Month, day, year) July 4 - 1895
8. No. months of Pregnancy 9 months. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Gottfried Weber
11. Color or Race German 12. Age at time of THIS birth 38 yrs.
13. Birthplace Baden Germany
(City or town) (State or foreign country)
14. Exact Occupation Harness Maker
15. Industry or Business Same

MOTHER OF CHILD
16. FULL MAIDEN NAME Katie Nevada Price
17. Color or Race American 18. Age at time of THIS birth 39 yrs.
19. Birthplace Sioux City Nevada
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living _____
(c) Born alive and now dead X (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11 A.M. on the date _____ and at the place stated above, and that personal particulars were furnished by Gottfried Weber, who is related to this child as Father (First name) (Last name)

26. (a) May 8 - 1941 (Date received) (b) Mabel E. Keeler (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) _____ and address _____ Date _____

State of Idaho } ss.
County of Latah

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Gottfried Weber, being first duly sworn, say that I am related (Related to (or) acquainted with) Erneline Marie Weber as Father (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. B. Blake (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Gottfried Weber Signature
106 1st & Van Buren P. O. Address

Subscribed and sworn to before me on this 26 day of April, 1941

(SEAL)

M. E. Ormaw Notary Public, residing at Moscow, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

433-213-040-499

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

313026

MAY 26 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....

Local Reg. No.....

Reg. Dist. No.....

1. PLACE OF BIRTH:

(a) County Shoshone (b) City Mar. Grer
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home nil days.
In THIS county 6 years 0 months 0 days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Shoshone
(c) City Mar. Grer
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?.....yrs.
(f) Mother's mailing address.....

3. RESIDENCE OF FATHER (city, state).....

4. FULL NAME OF CHILD

Margaret Ellen McCullough

5. Date of Birth 3-13-1895
(Month, day, year)

6. Sex

Female

7. Twin or
Triplet no

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 7 1/2

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

James M. Cullough

11. Color
or Race White

12. Age at time
of THIS birth 36 yrs.

13. Birthplace

(City or town)

Wisconsin
(State or foreign country)

14. Exact
Occupation Farmer

15. Industry or
Business same

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ellen Driscoll

17. Color or
Race White

18. Age at time of
THIS birth 40 years

19. Birthplace

(City or town)

Ireland
(State or foreign country)

20. Exact
Occupation Housewife

21. Industry or
Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living one
(c) Born alive and now dead one (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a) Jan. 7, 1941
(Date received)

(b) Patricia Burke
(Registrar's signature)

25. Attendant's

OWN signature

M.D. or

(D.O., Midwife, etc.)

27. Given name added on.....by.....

(Registrar's signature)

and address

Date

State of Washington

County of Oregon

} ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Ellen McCullough, being first duly sworn, say that I am.....related to
Margaret Ellen McCullough as.....mother
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that.....Dr. Rothwell....., who attended
said birth.....in now deceased.....and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this.....day of.....

(SEAL)

Notary Public, residing at.....

Cam. Ex. 5-2-42

c.c. 6/2/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

756-226-029-386

313140

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. _____
 Bureau of Census MAY 28 1941 STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County Latah (b) City Farmington, Wn.
 (c) Street Address or R.F.D. No. 1
 (d) Name of Hospital or Maternity Home: _____
 (e) Mother's stay BEFORE delivery: _____
 In Hosp. or Mat. Home _____ days.
 IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Latah
 (c) City Farmington, Washington
 (d) Street Address or R.F.D. No. 1
 (e) How long has MOTHER lived in Idaho? 2 yrs.
 (f) Mother's mailing address Farmington, Wn.

3. RESIDENCE of FATHER (city, state) Latah County Idaho, Farmington, Wash.

4. FULL NAME OF CHILD Mildred Esther Leonard
 5. Date of Birth (Month, day, year) Jan 26, 1895
 6. Sex female 7. Twin or Triplet _____ If so—born _____
 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Frank Leslie Leonard 16. FULL MAIDEN NAME Sarah Moore Thompson
 11. Color White 12. Age at time of THIS birth 35 yrs. 17. Color White 18. Age at time of THIS birth 35 yrs.
 13. Birthplace Capron Illinois (City or town) (State or foreign country) 19. Birthplace Newfield, Main (City or town) (State or foreign country)
 14. Exact Occupation farming 20. Exact Occupation housewife
 15. Industry or Business _____ 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum no knowledge
 23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at _____ P. M. on the date _____ (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Frank Leonard, who is related to this child as father (First name) (Last name)
 (Mother, etc.)
 26. (a) MAY 28 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
 25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)
 27. Given name added on _____ by Mabel F. Elder and address _____ Date _____ (Registrar's signature)

State of Washington } ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.
 County of Whitman

I, Frank L. Leonard, being first duly sworn, say that I am father related related
Mildred Esther Leonard as Father (Related to (or) acquainted with) _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. F. Grimm, who attended said birth _____ (Name of attendant at birth)
deceased and that this birth has been previously recorded.
 (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 15th day of May, 19 41
 (SEAL) Mabel F. Elder Notary Public, residing at Farmington, Wash.
Frank L. Leonard Signature
Farmington, Wash. P. O. Address

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 21 1941

313151

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County..... Latah (b) City..... Moscow
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
West Third St.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** country.....years.....months.....days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... Idaho (b) County..... Latah
(c) City..... Moscow
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
(f) Mother's mailing address..... Moscow, Idaho
3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD**..... Ruth Stevens
5. Date of Birth
(Month, day, year)..... 12-15-1875
6. Sex..... Female
7. Twin or Triplet.....
- If so—born 1st, 2nd, 3rd.....
8. No. months of Pregnancy.....
9. Legitimate?.....

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME**..... DeWitt Stevens
11. Color..... white 12. Age at time of THIS birth..... 48 yrs.
13. Birthplace..... Tennessee
(City or town)..... (State or foreign country).....
14. Exact Occupation..... Laborer
15. Industry or Business.....
16. **FULL MAIDEN NAME**..... Ida Eleanor Fry
17. Color..... white 18. Age at time of THIS birth..... 44 years
19. Birthplace..... Indiana
(City or town)..... (State or foreign country).....
20. Exact Occupation..... Housewife
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. ~~I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date..... and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (Mother, etc.) (First name) (Last name)~~

26. (a)..... (b).....
(Date received)..... (Registrar's signature).....
27. Given name added on..... by.....
(Registrar's signature).....
25. Attendant's **OWN** signature..... M.D. or.....
(D.O., Midwife, etc.)
and address..... Date.....

State of..... Oregon..... } ss.
County of..... Lane.....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Marie Stevens....., being first duly sworn, say that I am..... related to.....
(Name of person on certificate above)..... (State relationship or acquaintance).....
Ruth Stevens..... as..... her aunt..... whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... attendant....., who attended said birth..... is now deceased..... and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this..... day of..... April 1941.....
(SEAL).....
Notary Public, residing at..... Eugene Oregon

3-15-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Grangerille
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
In **THIS** county _____ years _____ month _____ days.
2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangerille
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address _____
3. **RESIDENCE of FATHER** (city, state): _____

4. **FULL NAME OF CHILD** Ellen Winona (Shearer) McComas 5. Date of Birth (Month, day, year) Jan 16, 1895
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ 8. No. months of Pregnancy _____ 9. Legitimate? _____

- FATHER OF CHILD**
10. **FULL NAME** Joel Sturgess Shearer
11. Color or Race white 12. Age at time of THIS birth _____ yrs.
13. Birthplace _____ (City or town) _____ (State or foreign country)
14. Exact Occupation _____
15. Industry or Business _____
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Julia Adelaide Utter
17. Color or Race white 18. Age at time of THIS birth 33 yrs.
19. Birthplace _____ (City or town) _____ (State or foreign country)
20. Exact Occupation _____
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child four (b) Born alive and now living yes
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) May 28, 1941 (Date received) (b) Malcolm F. Elder (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's **OWN** signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Idaho

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Julia Adelaide Shearer, being first duly sworn, say that I am the mother of
Ellen Winona McComas as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no attendant (Name of attendant at birth), who attended said birth except husband and that this birth has not been previously recorded (Is now deceased (or) cannot be located).

Subscribed and sworn to before me on this 9th day of April 1941
(SEAL) Hampton Taylor Notary Public, residing at Grangerille, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-200-036-735
RECLIN
United States
Department of Commerce
Bureau of Census
MAY 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

313219
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Ann Williams
5. Date of Birth (Month, day, year) Feb 20, 1895
6. Sex Fem 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Thomas Oliver Williams
11. Color Wh or Race Am 12. Age at time of THIS birth 25 yrs.
13. Birthplace Malad, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Eliza Glead
17. Color Wh or Race Am 18. Age at time of THIS birth 21 yrs.
19. Birthplace Malad, Idaho
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housekeeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 4P M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mary Eliza Glead, who is related to this child as mother (Mother, etc.)
(First name) (Last name)

26. (a) May 24, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Oneida } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Thomas Oliver Williams, being first duly sworn, say that I am related (Related to (or) acquainted with)
Ann Williams Norman as father, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary E. Bolingbroke, who attended (Name of attendant at birth)
said birth not deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Thomas Oliver Williams Signature
Malad P. O. Address
Subscribed and sworn to before me on this 20th day of May, 1941
(SEAL) Notary Public, residing at Malad, Ida

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

629-107.008-433

United States (Be sure the information is as of date of birth of THIS child) State File No. **313227**
Department of Commerce
Bureau of Census JUN 2 1944 CERTIFICATE OF BIRTH
STATE OF IDAHO Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County Boise (b) City Van Wyck
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: _____
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Van Wyck
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Van Wyck

3. RESIDENCE of FATHER (city, state) Van Wyck

4. FULL NAME OF CHILD Claud LaVerne Ward 5. Date of Birth (Month, day, year) Oct. 7, 1895
6. Sex male 7. Twin or If so—born 8. No. months 9. Legitimate? yes
Triplet - no 1st, 2nd, 3rd x2nd of Pregnancy 9

FATHER OF CHILD MOTHER OF CHILD
10. FULL NAME Bertram Lemuel Ward 16. FULL MAIDEN NAME Addie May McCoy
11. Color white 12. Age at time of THIS birth 28 yrs. 17. Color white 18. Age at time of THIS birth 26 yrs.
13. Birthplace Mauston Wisconsin 19. Birthplace Warrensburg, Missouri
(City or town) (State or foreign country) (City or town) (State or foreign country)
14. Exact Occupation Farmer 20. Exact Occupation Clerk
15. Industry or Business _____ 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) June 2, 1941 (b) Mabel J. Eefer
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

State of Oregon }
County of Klamath } ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Addie May McCoy Ward, being first duly sworn, say that I am the mother (Related to (or) acquainted with) _____ as _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Tuttle, who attended said birth is deceased (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Addie May McCoy Ward Signature
3028 Boardman Ave., Klamath Falls, Ore. R. O. Address
Subscribed and sworn to before me on this 28th day of May, 1941
(SEAL) NOTARY PUBLIC FOR OREGON Notary Public, residing at Klamath Falls, Ore.
MY COMMISSION EXPIRES JAN. 3 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

263-211-229-759

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

313293
State File No.
Local Reg. No. 37
Reg. Dist. No. 208

1. PLACE OF BIRTH:

(a) County Latah (b) City Grange
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital of Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home _____ Days
In THIS county _____ years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER: (Always fill in these)

(a) State Idaho (b) County Latah
(c) City Grange
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address (For registration notice): _____
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) /

4. FULL NAME OF CHILD

Elsa Boller

5. DATE OF BIRTH

(Month, day, year) Mar. 11 - 1895

6. Sex

Female

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

John Fredrick Boller

11. Color or Race White

12. Age at time of THIS birth 48 yrs.

13. Birthplace Kandergrund Switzerland

(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Susanna Miltgen Berg

17. Color or Race White

18. Age at time of THIS birth 39 yrs.

19. Birthplace Kandergrund Switzerland

(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 10
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Susanna Boller, who is
(First name) (Last name)

related to this child as Mother
(Mother, etc.)

26. (a) May 19 - 1941 **(b)** Mrs. H. P. Gibson
(Date received) (Registrar's signature)

27. Given name added on _____ **by** _____
(Registrar's signature)

25. Attendant's OWN signature _____ **M.D.**
(D.O., Midwife, etc.)

and address _____ **Date** _____

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

- | | |
|---|---|
| (a) Pregnancy: Complications of | (d) Did baby have any: |
| | (1) Congenital Malformation? |
| | Describe: |
| (b) Labor: Complications: | (2) Birth Injury? |
| | Describe: |
| Induced? | (3) Was mother given a Wasserman before delivery? |
| | Yes..... No..... Pos..... Neg..... |
| (c) State all operations for delivery | (e) Signature of Physician: |
| | |
| | |

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS.

JUN 5 1941

State of Idaho
County of Latah

AFFIDAVIT
ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Susanna Boller being first duly sworn says that
she is the Mother of Elva Boller
(Relationship of child)*
born March 11 - 1895 at Potlatch, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Elva Boller

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that M M. D., was the Midwife
medical attendant at the birth of said Elva Boller and that
the said medical attendant is Now deceased (or) cannot be located

Name of Affiant Susanna Boller

P. O. Address Potlatch, Idaho

Subscribed and sworn to before me this 19 day of May, 1941

Notary Public
Residing at NOTARY PUBLIC residing at Potlatch, Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

7-8-41

APR 1 1965

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

862-215 003-893

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

JUN 5 1941

STATE OF IDAHO

State File No. **313338**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 234 No. Garfield Ave.
(d) Name of Hospital or Maternity Home: at Home

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 2 years 6 month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 234 No. Garfield Ave.
(e) How long has MOTHER lived in Idaho 2 1/2 yrs.
(f) Mother's mailing address 234 N. Garfield, Pocatello

3. RESIDENCE of FATHER (city, state) Pocatello, Ida.

5. Date of Birth
(Month, day, year) Sept. 15, 1895

4. FULL NAME OF CHILD Zella Vey Hoskinson

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George B. Hoskinson
11. Color or Race White 12. Age at time of THIS birth 34 yrs.

13. Birthplace Columbiana, Ohio
(City or town) (State or foreign country)

14. Exact Occupation Boilermaker Helper

15. Industry or Business Union Pacific (Oregon Shortline) R.R. Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie A. Hildebrand
17. Color or Race White 18. Age at time of THIS birth 23 yrs.

19. Birthplace Milwaukee, Wisconsin
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead — (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) June 5-1941 (b) Mabel T. Feeler
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie A. Hoskinson, being first duly sworn, say that I am related to Zella Vey Hoskinson as mother
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Agnes M. Miller who attended
(Name of attendant at birth)

said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Minnie A. Hoskinson Signature
1467 W. 38 Place, Los Angeles, Calif. Address

Subscribed and sworn to before me on this 2nd day of June, 1941

(SEAL)

Brother M. Boggs Notary Public, residing at 3895 So. Western
Los Angeles, Calif.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

365 711-044-365

313354

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
JUN 3 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Harold Ellsworth Conley

5. Date of Birth
(Month, day, year) May 11, 1895

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Edwin Conley
11. Color or Race white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Charlotte Michigan
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Florence Conley
17. Color or Race white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Maryland
(City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as.

26. (a) June 3, 1941 (Mother, etc.)
(Date received) (b) Label F. Elder
(Registrar's signature)
27. Given name added on by Label F. Elder
(Registrar's signature)

25. Attendant's OWN signature Joseph R. Numbers M.D.
and address Weiser (D.O., Midwife, etc.)
Date 6/6/41

State of Connecticut ss.
County of Hartford

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Florence Conley being first duly sworn, say that I am Mother
Harold Ellsworth Conley as Son (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Numbers, who attended
(Name of attendant at birth)
said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Emma Florence Conley Signature
4688 Main St. Bridgeport Conn P. O. Address

Subscribed and sworn to before me on this 28 day of May 1941
(SEAL) Clarence D. Anderson Notary Public, residing at Bridgeport Conn
Comm. Exp. 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

533/28 006 225

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 11 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **313476**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. Knob Hill
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. _____ days.

IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Knob Hill
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state) Idaho Falls

4. FULL NAME

OF CHILD - EUGENE GAUGHT ELLIS -

5. Date of Birth

(Month, day, year) Feb. 28, 1895

6. Sex Male

7. Twin or
Triplet No

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL

NAME Wilburn J.G. Ellis

11. Color

or Race White

12. Age at time

of THIS birth. 47 yrs.

13. Birthplace

(City or town)

Georgia

(State or foreign country)

14. Exact

Occupation

Sheriff

15. Industry or

Business

County

MOTHER OF CHILD

16. FULL MAIDEN

NAME Phoebe A. Skerry

17. Color

or Race White

18. Age at time

of THIS birth. 38 yrs.

19. Birthplace

(City or town)

Territory of Utah

(State or foreign country)

20. Exact

Occupation

Housewife

21. Industry or

Business

Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

(c) Born alive and now dead _____

(d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JUN 11 1941
(Date received)

(Mother, etc.)

(b) Mary H. Cook
(Registrar's signature)

25. Attendant's
OWN signature _____

M.D.

27. Given name added on _____ by _____

(Registrar's signature)

and address _____

(D.O., Midwife, etc.)
Date _____

State of CALIFORNIA

County of Los Angeles

ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, FLOREAN SIMPKIN - _____, being first duly sworn, say that I am related to _____
(Name of person on certificate above) as _____ (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Cook _____, who attended

said birth is now deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Floresan Simpkin Signature

2306 San Fernando Rd, Los Angeles O. Address

Subscribed and sworn to before me on this 16th day of June 1941

(SEAL)

Carrie L. Newberry Registrar Residing at Los Angeles Calif

Expires Jan. 1, 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

947.202 025-259

314791

United States
Department of Commerce
Bureau of Census

RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Cottonwood

4. FULL NAME OF CHILD Margaret Ann Russell

5. Date of Birth April 2, 1895
(Month, day, year)

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy _____ 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME William Elmer Russell
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Pleasant Hill, Oregon
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own farm

MOTHER OF CHILD
16. FULL MAIDEN NAME Cynthia Oregon Keith
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Texas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JUN 23 1941 (Date received) (b) Margaret Ann Russell (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____ (Registrar's signature)

State of Oregon } ss.
County of Douglas

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cynthia O. Russell, being first duly sworn, say that I am related to
Margaret Ann Russell as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Troutman, who attended said birth, is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 3rd day of May, 19 41

(SEAL)

ROY AGEE

County Clerk

Cynthia O. Russell Signature
Wilbur, Oregon P. O. Address

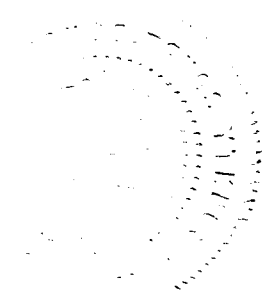
Notary Public, residing at Roseburg, Oregon

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4/15/17



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962-207 016-793

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **314804**
Local Reg. No. _____
Reg. Dist. No. _____

JUN 23

1. PLACE OF BIRTH

(a) County Cassia (b) City Malta
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City Malta
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 19 yrs.
(f) Mother's mailing address Malta, Idaho

4. FULL NAME OF CHILD

Ella Augusta Robertson

5. Date of Birth
(Month, day, year) Sept. 7, 1895

6. Sex Female

7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Henry Robertson

11. Color or Race White 12. Age at time of THIS birth 41 yrs.

13. Birthplace St. Louis, Missouri
(City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna E. Gile

17. Color or Race White 18. Age at time of THIS birth 34 yrs.

19. Birthplace Geneva, Minnesota
(City or town) (State or foreign country)

20. Exact Occupation Teacher, House keeper

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and as above stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JUN 23 1891 (b) Malta, Idaho
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho ss.
County of Cassia

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Katherine Robertson Wheeler, being first duly sworn, say that I am related to Ella Augusta Robertson as sister (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. C. S. Gamble who attended said birth is now deceased and that this birth has not been previously recorded. (Name of attendant at birth) (Is now deceased (or) cannot be located)

Katherine Robertson Wheeler Signature
Malta, Idaho P. O. Address

Subscribed and sworn to before me on this 17 day of June, 19 41
(SEAL) Henry Thompson Notary Public, residing at Malta, Ida

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

318 122 026419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUN 30 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

315091

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:** Idaho
(a) County.....Jefferson (b) City.....Lewisville
(c) Street Address or R.F.D. No.....rural
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State.....Idaho (b) County.....Jefferson
(c) City.....Lewisville
(d) Street Address or R.F.D. No.....rural
(e) How long has **MOTHER** lived in Idaho? 69 yrs.
(f) Mother's mailing address:.....

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD**.....George Washington Taylor

5. Date of Birth (Month, day, year).....Feb. 22, 1895

6. Sex.....Male 7. Twin or Triplet..... If so—born 1st, 2nd, 3rd..... 8. No. months of Pregnancy..... 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME**.....Albert Taylor
11. Color or Race.....White 12. Age at time of THIS birth.....35 yrs.
13. Birthplace.....Ordan, Utah
(City or town) (State or foreign country)
14. Exact Occupation.....Farmer
15. Industry or Business.....

MOTHER OF CHILD

16. **FULL MAIDEN NAME**.....Susan Elizabeth Marler
17. Color or Race.....White 18. Age at time of THIS birth.....30 years
19. Birthplace.....Huntsville, Utah
(City or town) (State or foreign country)
20. Exact Occupation.....Housewife
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....none
23. Number of children of this mother: (a) At time of birth and including this child.....9 (b) Born alive and now living.....10
(c) Born alive and now dead.....2 (d) Stillborn.....1

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

JUN 30 1941

26. (a).....(Date received) (b) Mabel Y. Keeler 25. Attendant's
(Registrar's signature) **OWN signature**.....M.D. or
(D.O., Midwife, etc.)
27. Given name added on.....by.....and address
(Registrar's signature) Date

State of.....California }
County of.....Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Albert Taylor, being first duly sworn, say that I am.....related
(Related to (or) acquainted with)
to George Washington Taylor as.....father, whose birth certificate
(Name of person to be certified above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....Mrs. Brian, who attended
(Name of attendant at birth)
said birth.....is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this.....26th day of.....June, 1941.....
(SEAL) James R. Keeler Notary Public, residing at.....Long Beach, Calif.
My commission expires.....Oct. 21, 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

913-126-507-363

315101

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

JUN 30 1941

1. PLACE OF BIRTH

(a) County Blaine (b) City Broadford
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Broadford
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 1884 yrs.
(f) Mother's mailing address. same

4. FULL NAME OF CHILD

Ulysses Paul Dallimore

5. Date of Birth

(Month, day year) Dec 26-1895

6. Sex

male

Twin or
Triplet

If so—born
1st, 2nd, 3rd

8th

8. No. months
of Pregnancy

9

9. Legitimate?

Yes

FATHER OF CHILD

10. FULL NAME

William Dallimore

11. Color

white

12. Age at time

47 yrs.

13. Birthplace

Ponty pool - Monmouthshire WALES
(City or town) (State or foreign country)

14. Exact

Occupation
Industry or
Business

miner

MOTHER OF CHILD

16. FULL MAIDEN NAME

Agnes Lee Cole

17. Color

white

18. Age at time

43 yrs

19. Birthplace

DARTMOOR - DEVONSHIRE ENGLAND
(City or town) (State or foreign country)

20. Exact

Occupation
Industry or
Business

housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

don't know

23. Number of children of this mother: (a) At time of birth and including this child

8

(b) Born alive and now living

6

(c) Born alive and now dead

2

(d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JUN 30 1941
(Date received)

(b) Mabel G. Keefe
(Registrar's signature)

25. Attendant's

OWN signature

M.D.

27. Given name added on

by _____
(Registrar's signature)

and address

(D.O., Midwife, etc.)
Date

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Zona Dallimore Schmedeberg, being first duly sworn, say that I am a - Sister (older) (Related to (or) acquainted with)
Ulysses Paul Dallimore as older sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that midwife Mrs. Stitts, who attended said birth. cannot be located (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Zona Dallimore Schmedeberg
1809 Fletcher - So Pasadena Calif

Signature

P. O. Address

Subscribed and sworn to before me on this 27th day of June 1941

(SEAL)

Notary Public, residing at So Pasadena, Calif.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

419-205-525-256 RECEIVED

315120

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
JUN 30 1941
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address Grangeville Idaho

3. RESIDENCE of FATHER (city, state) Grangeville Idaho

5. Date of Birth
(Month, day, year) Jan. 5th 1895

8. No. months of Pregnancy 9^{mo} 9. Legitimate? Yes

4. FULL NAME OF CHILD Adelaide May Markham

6. Sex Girl 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME Harry Markham
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Grangeville, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Cattle Raising
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Jane Brown
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Seward, Nebraska
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 6 P.M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mary Jane Markham who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

26. (a) JUN 30 1941 (b) Mary J. Fisher
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Calif } ss.
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Jane Markham, being first duly sworn, say that I am mother
Adelaide May Markham as her mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Samuel E. Bibby, who attended said birth Deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 26 day of June 1941
(SEAL) W. Gorman Notary Public, residing at Wilmar, Calif
Signature Mary Jane Markham
Address 2413-50 Lay Gabriel Blvd, San Gabriel, Calif

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. All COMPLETED certificates in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

365-227. 019-695

315155

United States (Be sure the information is as of date of birth of THIS child)
Department of Commerce JUL 7 1941
Bureau of Census
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Custer (b) City Mackay
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD

Lillian Longfelt

6. Sex Female

7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

10. FULL NAME

Lewis Longfelt

11. Color or Race White 12. Age at time of THIS birth 35 yrs.

13. Birthplace Hamburg Germany
(City or town) (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business Mining

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) JUL 7 1941 (b) Margaret J. Elder
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Custer
(c) City Mackay (formerly Huston)
(d) Street Address or R.F.D.No. _____

(e) How long has MOTHER lived in Idaho? 14 yrs.

(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state)

Mackay Idaho
Date of Birth (Month, day year) Feb. 27, 1895

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Winter

17. Color or Race White 18. Age at time of THIS birth 35 yrs.

19. Birthplace Cameron Missouri
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business _____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah Winter Longfelt, being first duly sworn, say that I am related to
Lillian Longfelt as Mother
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 119, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that midwife, who attended said birth, is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Sarah Longfelt Signature
Portland, Oregon P. O. Address

Subscribed and sworn to before me on this 1st day of July 1941

(SEAL)

NOTARY PUBLIC FOR OREGON

MY COMMISSION EXPIRES MAY 18, 1942

Notary Public, residing at Portland, Oregon

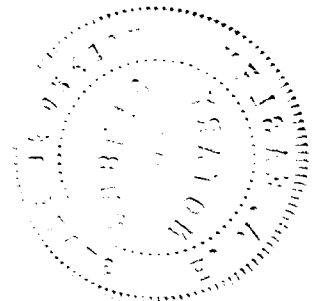
MY COMMISSION EXPIRES MAY 18, 1942

7-10-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



336-111-222-257

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **315204**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Madison
(c) City Rexburg
(d) ~~Street Address or R.F.D. No.~~ 3
(e) How long has MOTHER lived in Idaho? 11 yrs.
(f) Mother's mailing address deceased

3. RESIDENCE of FATHER (city, state) Rexburg

5. Date of Birth
(Month, day, year) 7/11/1895

4. FULL NAME OF CHILD

James William Stout

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

James A Stout

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace

(City or town) Missouri
(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Keppner

17. Color or Race White

18. Age at time of THIS birth 17 yrs.

19. Birthplace

(City or town) Logan (State or foreign country) Utah

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living ix
(c) Born alive and now dead one (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date (born alive, stillborn) _____, who is related to this child as _____ (First name) (Last name) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____

26. (a) Aug 15 1941 (Date received) (b) Malcolm H. Leifer (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.) _____ and address _____ Date _____

27. Given name added on _____ by _____ (Registrar's signature)

State of Idaho } ss.
County of Madison

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hyrum Keppner, being first duly sworn, say that I am Related to (Related to (or) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Walz (Name of attendant at birth) _____, who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Hyrum Keppner Signature
Rexburg, Idaho. P. O. Address

Subscribed and sworn to before me on this 28th day of June 1941

(SEAL)

Repha A. Parker

Notary Public, residing at Rexburg, Idaho.

7-14-41
8/1/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
JUL 7 1941
STATE OF IDAHO

315219
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County Freemont (b) City Poplar (c) Street Address or R.F.D.No. Lorenzo Rt. 2 (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. _____ days. IN THIS county _____ years _____ month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State Idaho (b) County Freemont (c) City Poplar (d) Street Address or R.F.D.No. Lorenzo Rt. 2 (e) How long has MOTHER lived in Idaho? 20 yrs. (f) Mother's mailing address Poplar, Idaho	
4. FULL NAME OF CHILD Lawford Floyd Mattson		5. Date of Birth (Month, day year) June 22nd, 1895	
6. Sex Male	7. Twin or Triplet no	8. No. months of Pregnancy 9	9. Legitimate? yes
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME Charles Agusta Mattson		16. FULL MAIDEN NAME Arnie C. Summers	
11. Color or Race white	12. Age at time of THIS birth 40 yrs.	17. Color or Race white	18. Age at time of THIS birth 34 yrs.
13. Birthplace Vestmanland, Sweden (City or town) (State or foreign country)		19. Birthplace Wales, England (City or town) (State or foreign country)	
14. Exact Occupation Farmer		20. Exact Occupation Housewife	
15. Industry or Business Farming		21. Industry or Business Housewife	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7 (c) Born alive and now dead 1 (d) Stillborn _____			
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)			
26. (a) July 7 - 1941 (Date received)		25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)	
27. Given name added on _____ by _____ (Registrar's signature)		and address _____ Date _____	

State of **Oregon**
County of **Multnomah** } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

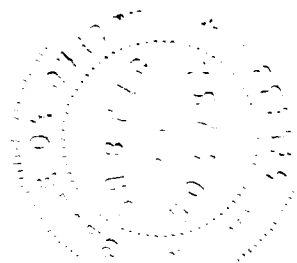
I, **Annie C. Mattson**, being first duly sworn, say that I am **the Mother of** **Lawford Floyd Mattson** (Related to (or) acquainted with) _____ as _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Dr Harry Wilson** (Name of attendant at birth) said birth **is now deceased** and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this **3rd** day of **July**, 19 **41**
(SEAL) **a. S. Wilson** Notary Public, residing at **7128 Foster Rd. Portland - Oregon**
Arnie C. Mattson Signature
6023 S.E. 51st Ave - Portland - Oregon P. O. Address

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

962-127,003-613
RECEIVED
JUL 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **315237**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Bannock (b) City Thatcher
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Thatcher
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 2 1/2 yrs.
(f) Mother's mailing address Thatcher, Idaho

4. FULL NAME OF CHILD

GEORGE CALLOWAY ROBBINS

5. Date of Birth

(Month, day year) 27 Jan. 1895

6. Sex

M

7. Twin or Trip'et

If so—born
1st, 2nd, 3rd

8. No. months

of Pregnancy Reg.

9. Legitimate?

Yes

FATHER OF CHILD

10. FULL NAME

Harland H. Robbins

11. Color or Race

White

12. Age at time

of THIS birth 22 yrs.

13. Birthplace

Treasureton, Idaho

(City or town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Gertrude Falkman

17. Color or Race

White

18. Age at time

of THIS birth 21 yrs

19. Birthplace

Soda Spring, Idaho

(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child

(b) Born alive and now living

(c) Born alive and now dead

(d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a)

(Date received)

(b)

(Registrar's signature)

25. Attendant's

OWN signature

(D.O., Midwife, etc.)

27. Given name added on

by _____ (Registrar's signature)

and address

Date

State of

Idaho

County of

Cassia

ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Gertrude Falkman Robbins being first duly sworn, say that I am related to (Related to (or) acquainted with) George Calloway Robbins (State relationship or acquaintance) mother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mr. Olive Pick (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Gertrude Falkman Robbins Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of July 1941

(SEAL)

Henry H. Fisher Notary Public, residing at Burley, Idaho

7-10-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

575-204-009-26 RECEIVED

United States 264
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

315286

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Idaho (b) City Moscow
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Moscow
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Moscow

4. FULL NAME OF CHILD

Birdie Lillian Van De Vanter

5. Date of Birth
(Month, day, year) July 4, 1895

6. Sex Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9mo

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Elza W. Van De Vanter

11. Color
or Race White

12. Age at time
of THIS birth 29 yrs.

13. Birthplace Penoria Iowa Guthrie County
(City or town) (State or foreign country)

14. Exact
Occupation operated Threshing machine

15. Industry or
Business machinist

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ida Ann South

17. Color
or Race White

18. Age at time
of THIS birth 28 yrs.

19. Birthplace Penoria Iowa Guthrie County
(City or town) (State or foreign country)

20. Exact
Occupation Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 12:30 P.M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Ida Van De Vanter, who is
related to this child as mother (First name) (Last name)

26. (a) _____ (Date received)
(b) Maury Keeler (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's
OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Ida Van De Vanter, being first duly sworn, say that I am (mother) related
Birdie Lillian Van De Vanter as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Hammond, who attended
(Name of attendant at birth)
said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____, 1941

(SEAL)

L. D. Means

Notary Public, residing at _____

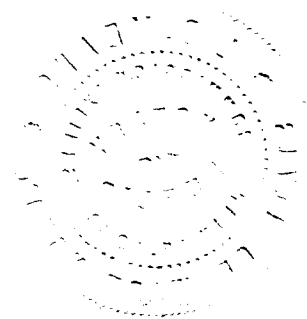
Signature
P. O. Address

7-14-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census
JUL 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **315326**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Clarkfork
(c) Street Address or R.F.D. No. RECEIVED
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery: JUL 1-2-1941
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Clarkfork
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 38 mo. yrs.
(f) Mother's mailing address _____
3. RESIDENCE of FATHER (city, state): Idaho

4. FULL NAME OF CHILD Emma Foster
6. Sex female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

5. Date of Birth (Month, day, year) January 17, 1895

FATHER OF CHILD
10. FULL NAME Joseph Foster
11. Color or Race white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Bohemia
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Theresa Forester
17. Color or Race white 18. Age at time of THIS birth 32 yrs.
19. Birthplace Bohemia
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was was born alive 2 a. M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Theresa Foster, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

26. (a) July 22-1941 (b) Mary E. Fisher
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Theresa Foster, being first duly sworn, say that I am the mother of Emma Foster as mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that my husband, who attended said birth is now living with me and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Theresa Foster Signature
1238 South Bonnie Beach P. O. Address

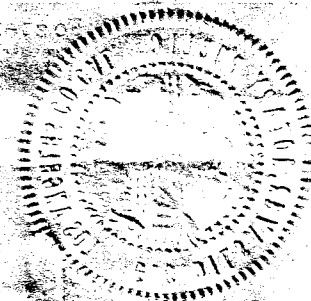
Subscribed and sworn to before me on this 10th day of July, 19 41
(SEAL) W. C. Wessinger Notary Public, residing at 4472 Whittier Blvd.
Los Angeles, Calif.

1-27/41

DELAYED REGISTRATION LAW

1911 Session Laws, Chapter 139, Section 2

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of his or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

919129022459
United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315635
Local Reg. No.
Reg. Dist. No.

JUL 18 1941

1. PLACE OF BIRTH

(a) County Freemont (b) City Menan
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Freemont
(c) City _____
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? unknown
(f) Mother's mailing address Menan

4. FULL NAME OF CHILD

Myrum David Rainey
Twin or _____ If so—born _____
Triplet _____ 1st, 2nd, 3rd _____

6. Sex

Male

3. RESIDENCE of FATHER (city, state)

Menan, Idaho
5. Date of Birth _____
(Month, day year) Aug. 29, 1895

8. No. months _____
of Pregnancy Regular Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Albert Rainey
11. Color White 12. Age at time _____
or Race _____ of THIS birth unknown
13. Birthplace Richmond, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME American Cornelia Merrill
17. Color White 18. Age at time _____
or Race _____ of THIS birth unknown
19. Birthplace Smithfield, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 1
(c) Born alive and now dead 4 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) July 18-1941 (b) Maude E. Eder
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Minidoka

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Jennie E Rainey McWilliams being first duly sworn say that I am Sister of
(Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 27 day of July, 19 41
(SEAL) H A Beyer Notary Public, residing at _____
Signature _____
P. O. Address _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

546-218 020-655

United States (Be sure the information is as of date of birth of THIS child) State File No. **315680**
Department of Commerce **JUL 22 1941** **CERTIFICATE OF BIRTH** Local Reg. No. _____
Bureau of Census STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County Elmore (b) City Glenn's Ferry
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home Home yrs.
IN THIS county 2 years month days
2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Glenn's Ferry
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state) Deceased
4. FULL NAME OF CHILD Hazel Ellen Edwards
5. Date of Birth (Month, day, year) July 18, 1995
6. Sex Female 7. Twin or Triplet One If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME John W. Edwards
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Lincoln, Pennsylvania
(City or town) (State or foreign country)
14. Exact Occupation Dairyman
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Minnie Mae Overholser
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Peabody, Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 7
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JUL 22 1941 (Date received) (b) Martin W. Edwards (Registral signature)
27. Given name added on _____ by _____ (Registral signature)
25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)
and address _____ Date _____

State of _____ }
County of _____ } ss. **AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

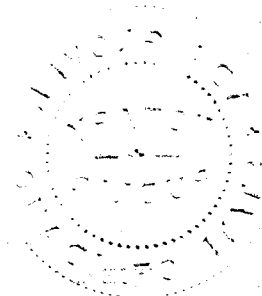
I, Martin W. Edwards, being first duly sworn, say that I am related Hazel Ellen Edwards as Uncle (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Smith, who attended said birth is now deceased and that this birth has not been previously recorded.
(Name of attendant at birth)
(Is now deceased (or) cannot be located)

Martin W. Edwards Signature
P. O. Address _____
Subscribed and sworn to before me on this 22 day of July, 1941
(SEAL) Ada Glover Notary Public, residing at Nampa, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

AUG 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **316965**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County **Franklin** (b) City **Preston**
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Franklin**
(c) City **Preston**
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD

Leon Hawkes

5. Date of Birth

(Month, day year) **June 20, 1895**

6. Sex **Male**

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9**

9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME

Wm Hawkes Sr.

11. Color **White**
or Race _____

12. Age at time of THIS birth **39** yrs.

13. Birthplace **Hockley Essex England**
(City or town) (State or foreign country)

14. Exact Occupation **Farmer**

15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME

Susie Lamb

17. Color **White**
or Race _____

18. Age at time of THIS birth **35** yrs

19. Birthplace **Lehi Utah**
(City or town) (State or foreign country)

20. Exact Occupation **H.W.**

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child **8** (b) Born alive and now living **6**
(c) Born alive and now dead **2** (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was **Alive** at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by **Susie Hawkes**, who is related to this child as **Mother** (Mother, etc.)
(First name) (Last name)

26. (a) **Aug 1, 1941** (b) **Mabel T. Eder**
(Date received) (Registrar's signature)

25. Attendant's **OWN** signature _____ M.D.
and address _____ (D.O., Midwife, etc.)
Date _____

27. Given name added on _____ by _____
(Registrar's signature)

State of **IDAHO**
County of **FRANKLIN** } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **SUSIE L HAWKES**, being first duly sworn, say that I am **LEON HAWKES** (Related to (or) acquainted with)
(Name of person on certificate above) as **MOTHER** (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth, and that this birth has not been previously recorded.
(Name of attendant at birth)
(Is now deceased (or) cannot be located)

Susie L Hawkes Signature

Subscribed and sworn to before me on this **4th** day of **AUGUST**, 19 **41**
(SEAL) _____ P. O. Address

MY COMMISSION EXPIRES FEBY 28, 1944 Notary Public, residing at **PRESTON, IDAHO**

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

785-222-004-695
RECEIVED

United States
Department of Commerce JUL 30 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **317004**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Bare Lake (b) City St Charles
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
Birth at Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bare Lake
(c) City St Charles
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 19 yrs.
(f) Mother's mailing address: St Charles, Idaho

3. RESIDENCE of FATHER (city, state) St Charles, Idaho

4. FULL NAME OF CHILD

Georgina Winn Sheen

5. Date of Birth

(Month, day year) Sept 23 1895

6. Sex Female

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Joseph Sheen

11. Color White 12. Age at time of THIS birth 28 yrs.

13. Birthplace Ogden, Utah
(City or town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Hannah Winn

17. Color White 18. Age at time of THIS birth 26 yrs.

19. Birthplace Nephi, Utah
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JUL 30 1941 (b) Maudie Weimer
(Date received) (Registrar's signature)

25. Attendant's OWN signature _____ M.D.

27. Given name added on _____ by _____
(Registrar's signature)

and address _____ Date _____ (D.O., Midwife, etc.)

State of Utah } ss.
County of Wasatch

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

X Ephraim Winn, being first duly sworn, say that I am related to Georgina Winn Sheen as Uncle
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. A. Algren, who attended

said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 21 day of July, 1941
(SEAL) Maudie Weimer Notary Public residing at 321-14 St Ogden Utah

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope, bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **317033**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County **Bannock** (b) City **Pocatello**
(c) Street Address or R.F.D.No. **Harrison Ave**
(d) Name of Hospital or Maternity Home:
At home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Bannock**
(c) City **Pocatello**
(d) Street Address or R.F.D.No. **Harrison Ave**
(e) How long has MOTHER lived in Idaho? **10** yrs.
(f) Mother's mailing address **Pocatello, Ida**

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD **Thomas Meickel Forrest**

5. Date of Birth
(Month, day year) **Feb. 26, 1895**

6. Sex **Male** 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____ 9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME **Thomas Meickel Forrest**
11. Color or Race **White** 12. Age at time of THIS birth **23** yrs.
13. Birthplace **Logan, Utah**
(City or town) (State or foreign country)
14. Exact Occupation **Tin smith in O.S.L.Shops**
15. Industry or Business **same**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Malinda Brown**
17. Color or Race **White** 18. Age at time of THIS birth **19** yrs.
19. Birthplace **Pocatello, Idaho**
(City or town) (State or foreign country)
20. Exact Occupation **House wife**
21. Industry or Business **same**

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **2**
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) **JUL 24 1941** (b) **Malinda Brown**
(Date received) (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____
(D.O., Midwife, etc.)
and address _____ Date _____

State of **Idaho**
County of **Bannock** } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **Malinda Brown Forrest**, being first duly sworn, say that I am **related to**
Thomas Meickel Forrest as **Mother**
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Agnes McNally**, who attended said birth **is now deceased** and that this birth has not been previously recorded.
(is now deceased (or) cannot be located)

Malinda Brown Forrest Signature
227 North Johnson-Pocatello, Ida P. O. Address

Subscribed and sworn to before me on this **23rd** day of **July**, 19 **41**
(SEAL) **Anna Keefe** Clerk, Auditor & Recorder, Bannock County, Idaho

8-1-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

RECEIVED

JUL 31 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **317086**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.

IN THIS county 4 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bonneville
(c) City Idaho Falls

(d) Street Address or R.F.D.No. _____

(e) How long has MOTHER lived in Idaho? 8 yrs.

(f) Mother's mailing address Idaho Falls, Idaho

3. RESIDENCE of FATHER (city, state) same

5. Date of Birth

(Month, day year) Jan. 21, 1895

4. FULL NAME OF CHILD

Oliver Milton Gaver

7. Twin or

Triplet no

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy 9

9. Legitimate? Yes

6. Sex male

FATHER OF CHILD

10. FULL

NAME John Jackson Gaver

11. Color

or Race white

12. Age at time

of THIS birth 33 yrs.

13. Birthplace

Lincoln
(City or town)

Illinois

(State or foreign country)

14. Exact

Occupation

Painter & Paperhanger

15. Industry or

Business

MOTHER OF CHILD

16. FULL MAIDEN

NAME Anna Wilhelmina Larsen

17. Color

or Race white

18. Age at time

of THIS birth 18 yrs

19. Birthplace

Runa

Denmark

(City or town)

(State or foreign country)

20. Exact

Occupation

Housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

RECEIVED

JUL 31 1941

26. (a) _____ (Date received)

(b) Mabel H. Gaver (Registrar's signature)

27. Given name added on _____ by _____

(Registrar's signature)

25. Attendant's

OWN signature

Deceased

M.D.

and address _____

(D.O., Midwife, etc.)
Date _____

State of Idaho

County of Lemhi

} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Larsen Gaver, being first duly sworn, say that I am related to Oliver Milton Gaver as Mother (Related to (or) acquainted with)

(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wilson, who attended

said birth is now deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Anna Larsen Gaver Signature

Salmon, Idaho

P. O. Address

Subscribed and sworn to before me on this 26th day of July, 1941

(SEAL)

Maurice C. McBride Notary Public, residing at Salmon, Idaho

8-2-27
APR 22 1938

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

219-121-044-419

United States
Department of Commerce
Bureau of Census

AUG 1 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

317102

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County **Washington** (b) City **Weiser**
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(c) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home **0** days.
IN THIS county **12** years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Washington**
(c) City **Weiser**
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? **12** yrs.
(f) Mother's mailing address **Weiser, Idaho**

3. RESIDENCE of FATHER (city, state) **Weiser, Ida.**

4. FULL NAME OF CHILD

FRANK DARNALL BAIN

5. Date of Birth

(Month, day year) **May 21, 1895**

6. Sex **M**

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9**

9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME

Ezra William Bain

11. Color or Race **W**

12. Age at time of THIS birth **26** yrs.

13. Birthplace

Colony, Jansas
(City or town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ava Rilla Darnall

17. Color or Race **W**

18. Age at time of THIS birth **22** yrs.

19. Birthplace

Fort Worth, Texas
(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum **0**

23. Number of children of this mother: (a) At time of birth and including this child **3** (b) Born alive and now living **3**.
(c) Born alive and now dead **0** (d) Stillborn **0**

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to _____ child as _____ (First name) (Last name)

26. (a) _____ (Date received)

(b) *Mary J. Eder* (Registrar's signature)

25. Attendant's

OWN signature _____ M.D.

27. Given name added on _____ by _____ (Registrar's signature)

and address _____ Date _____ (D.O., Midwife, etc.)

State of **Idaho**
County of **Washington** } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **Ava Rilla Bain**, being first duly sworn, say that I am **related to**
Frank Darnall Bain as **Mother** (Related to (or) acquainted with)

(Name of person on certificate above) (State relationship or acquaintance)
appears above; and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Mrs. Michaels**, who attended

said birth **cannot be located** and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Ava Rilla Bain Signature

Cambridge, Idaho P. O. Address

Subscribed and sworn to before me on this **30th** day of **July**, 19 **41**

(SEAL)

Margaret Vogel

Notary Public, residing at **Cambridge, Ida.**

MAY 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **317220**
Local Reg. No. **4**
Reg. Dist. No. **240**

1. PLACE OF BIRTH

(a) County **Idaho** (b) City **White Bird**
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: **x**
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county **x** years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Idaho**
(c) City **White Bird**
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? **48** yrs.
(f) Mother's mailing address **Grangeville, Idaho**

3. RESIDENCE of FATHER (city, state) **Deceased**

4. FULL NAME OF CHILD

Elsie Mason

5. Date of Birth

(Month, day year) **Aug. 31-1895**

6. Sex **Female**

7. Twin or Triplet

x

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME

John Mason

11. Color or Race

White

12. Age at time of THIS birth

21 yrs.

13. Birthplace

Palomuth

Oregon.

(City or town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

x

MOTHER OF CHILD

16. FULL MAIDEN NAME

Lettie Karnes

17. Color or Race

White

18. Age at time of THIS birth

17 yrs

19. Birthplace

Pullman

Washington

(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

x

22. Name prophylactic used to prevent Ophthalmia Neonatorum

x

23. Number of children of this mother: (a) At time of birth and including this child **1**

(b) Born alive and now living **2**

(c) Born alive and now dead **2**

(d) Stillborn

x

24. I HEREBY CERTIFY That I attended the birth of this child, who was **x** at **x** M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by **x**, who is related to this child as _____ (First name) (Last name)

26. (a) **July 15-41** (Date received)

(b) **B. Chapman** (Registrar's signature)

25. Attendant's

OWN signature

M.D.

27. Given name added on

by _____ (Registrar's signature)

and address

(D.O., Midwife, etc.)
Date

State of **Idaho**

County of **Idaho**

} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **Lettie Mason**, being first duly sworn, say that I am **Related** as **Mother** (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Mrs. M. K. H. Olbrook** (Name of attendant at birth) who attended said birth **now deceased** (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lettie Mason Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me on this **12** day of **July**, 19 **41**

(SEAL)

W. R. Rothermel Notary Public, residing at **Grangeville-**

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

863-212-028-869

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **317341**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. Railroad Ave.
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 9 years _____ month _____ days

4. FULL NAME OF CHILD Katie Delia Holton

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME George Wellington Holton

11. Color white 12. Age at time of THIS birth 45 yrs.

13. Birthplace Kent County Ontario
(City or town) (State or foreign country)

14. Exact Occupation Woodsman

15. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ P. M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Delia Holton, who is related to _____ child as _____ (Mother, etc.)
AUG 15 1941

26. (a) _____ (Date received) (b) Mary E. Eder (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

State of Idaho } ss.
County of Bonner

I, Delia Holton, being first duly sworn, say that I am related to Katie Delia Holton as Mother (Related to (or) acquainted with) whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Le Huquet (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Mrs. Delia Holton Signature

Sandpoint, Idaho P. O. Address

Subscribed and sworn to before me on this 11th day of August, 1941

(SEAL) -

E. E. Eder Notary Public, residing at Sandpoint, Idaho

MOTHER OF CHILD

16. FULL MAIDEN NAME Delia Amanda Horning

17. Color white 18. Age at time of THIS birth 36 yrs

19. Birthplace Watson Michigan
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business None

5. Date of Birth _____ (Month, day year) March 12, 1895

8. No. months of Pregnancy 8 9. Legitimate? Yes

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record type writer ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

612-102-028-295
AUG 11 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **317448**

Local Reg. No. _____

Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Kootenia (b) City Copeland
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days. At home
In **THIS** county _____ years _____ month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Kootenia
(c) City Copeland
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 48 yrs.
(f) Mother's mailing address Bonnars Ferry

3. **RESIDENCE of FATHER** (city, state): Deceased

4. **FULL NAME OF CHILD** Harvey Homer Washburn

5. Date of Birth (Month, day, year) July, 2-1895

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ 8. No. months of Pregnancy nine 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Volney Warran Washburn

11. Color or Race white 12. Age at time of **THIS** birth 45 yrs.

13. Birthplace New York
(City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business _____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Sieverson

17. Color or Race white 18. Age at time of **THIS** birth 41 yrs.

19. Birthplace Norway
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

25. (a) AUG 11 1941 (Date received) (b) Mary E. Fisher (Registrar's signature)

25. Attendant's **OWN** signature _____ M.D. (D.O., Midwife, etc.) _____ and address _____ Date _____

27. Given name added on _____ by _____ (Registrar's signature)

State of Idaho } ss.
County of Kootenia

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Noah S. Washburn, being first duly sworn, say that I am Brother (Related to (or) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ruth Thompson (Name of attendant at birth) _____, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Noah S. Washburn Signature
Ruth Thompson P. O. Address _____

Subscribed and sworn to before me on this 2nd day of August, 1941

(SEAL)

Notary Public, residing at _____
NOTARY PUBLIC FOR THE STATE OF IDAHO
RESIDING AT RATHDRUM, IDAHO.
MY COMMISSION EXPIRES OCT. 10, 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

317481

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

AUG 12 1941

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Cassia (b) City Albion, Ida.

(c) Street Address or R.F.D. No. _____

(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.

In THIS county _____ years _____ month _____ days.

4. FULL NAME OF CHILD

Blanche Ora Cook

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

5. Date of Birth (Month, day, year)

Apr. 7, 1895

8. No. months of Pregnancy 9

9. Legitimate yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME

William Cook

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace

(City or town)

(State or foreign country)

14. Exact Occupation

Miner

15. Industry or Business

16. FULL NAME

Margaret Jennie Smart

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date

and at the place stated above, and that personal particulars were furnished by _____ (born alive, stillborn)

related to this child as _____, who is (First name) (Last name)

26. (a) AUG 12 1941 (Mother, etc.)

(Date received)

(b) Mark W. Branch (Registrar's signature)

25. Attendant's

OWN signature _____ M.D. (D.O., Midwife, etc.)

27. Given name added on _____ by _____ (Registrar's signature)

and address _____ Date _____

State of Idaho } ss.
County of Cassia

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ruby Gano, being first duly sworn, say that I am sister of Blanche Ora Cook as sister (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Storey (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of August, 1941

(SEAL)

Mark W. Branch

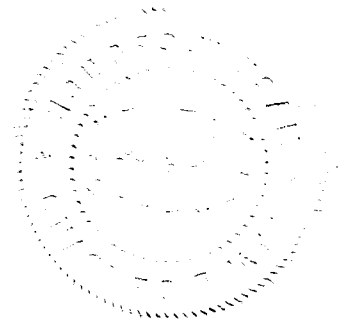
Notary Public, residing at _____ Signature _____ P. O. Address _____

Notary Public Residing at Boise, Idaho
My Commission Expires May 25, 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

419-105001-495

317521

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. North 11th St.
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. _____ days.

IN THIS county 10 years _____ month _____ days

4. FULL NAME OF CHILD Walter Cyrus Marshall

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME William Cyrus Marshall
11. Color White 12. Age at time of THIS birth 31 yrs.

13. Birthplace Cherryville Ohio
(City or town) (State or foreign country)

14. Exact Occupation Contractor & Builder

15. Industry or Business _____

16. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn) _____, who is related to this child as _____
(First name) (Last name)

26. (a) Aug 15-1941 (b) Harriet A. Nebler
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. North 11th St.
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address Boise, Idaho

3. RESIDENCE of FATHER (city, state) Boise, Ida.

5. Date of Birth _____
(Month, day year) 1895-11-5

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Linnie Edna Miner
17. Color White 18. Age at time of THIS birth 23 yrs.

19. Birthplace Clarinda, Iowa
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business _____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Idaho } ss.
County of Ada

I, Harriet A. Nebler, being first duly sworn, say that I am related to
Walter Cyrus Marshall as mother-in-law (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1927 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Prosser, who attended said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Harriet A. Nebler Signature
Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 11 day of August 1941
(SEAL) Wm. B. Driscoll Notary Public, residing at Boise, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

434-213032-789
United States
Department of Commerce
Bureau of Census
AUG 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

317554
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county 6 years month days

4. FULL NAME OF CHILD

Tres Eliza McMahon

6. Sex girl 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Thomas Irwin McMahon

11. Color or Race White 12. Age at time of THIS birth 42 yrs.

13. Birthplace East Ora Ontario Canada
(City or town) (State or foreign country)

14. Exact Occupation Sheep man

15. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Mrs Celinda E. McMahon is related to this child as mother (First name) (Last name)

26. (a) AUG 13 1941 (Date received) (b) Mary J. Fisher (Mother, etc.) (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

State of Idaho } ss.
County of Lincoln

I, Mrs Celinda E. McMahon, being first duly sworn, say that I am the mother (Related to (or) acquainted with) Tres Eliza McMahon as _____ (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. O'Connor, Ruff, Shovel, who attended

said birth do not de record and that this birth has not been previously recorded. no
(Is now deceased (or) cannot be located)

Mrs Celinda E. McMahon Signature

123 N University Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me on this 7th day of August, 19 41

(SEAL)

M. McMahon

Notary Public, residing at Shoshone, Idaho

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

367128 044 664

318786

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

AUG 20 1941

STATE OF IDAHO

<p>1. PLACE OF BIRTH</p> <p>(a) County <u>Wash.</u> (b) City <u>Salubria</u></p> <p>(c) Street Address or R.F.D.No. _____</p> <p>(d) Name of Hospital or Maternity Home: <u>At own home</u></p> <p>(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. IN THIS county <u>13</u> years <u>9</u> month <u>19</u> days</p>		<p>2. USUAL RESIDENCE of MOTHER (At time of this birth)</p> <p>(a) State <u>Idaho</u> (b) County <u>Wash</u></p> <p>(c) City <u>Salubria</u></p> <p>(d) Street Address or R.F.D.No. _____</p> <p>(e) How long has MOTHER lived in Idaho? <u>23</u> yrs.</p> <p>(f) Mother's mailing address _____</p>	
<p>4. FULL NAME OF CHILD <u>Charles Willis Cox</u></p>		<p>5. Date of Birth <u>June 28 - 1895</u> (Month, day year)</p>	
<p>6. Sex <u>Male</u></p>		<p>8. No. months of Pregnancy _____</p>	
<p>7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____</p>		<p>9. Legitimate? <u>yes</u></p>	
<p>FATHER OF CHILD</p> <p>10. FULL NAME <u>Jerome Benjamin Cox</u></p> <p>11. Color <u>White</u> 12. Age at time of THIS birth <u>47</u> yrs.</p> <p>13. Birthplace <u>Cumberland Co. Kentucky</u> (City or town) (State or foreign country)</p> <p>14. Exact Occupation <u>Laborer</u></p> <p>15. Industry or Business _____</p>		<p>MOTHER OF CHILD</p> <p>16. FULL MAIDEN NAME <u>Emorah Chia Wornack</u></p> <p>17. Color <u>White</u> 18. Age at time of THIS birth <u>30</u> yrs.</p> <p>19. Birthplace <u>Newton Illinois</u> (City or town) (State or foreign country)</p> <p>20. Exact Occupation <u>Housewife</u></p> <p>21. Industry or Business _____</p>	
<p>22. Name prophylactic used to prevent Ophthalmia Neonatorum _____</p>			
<p>23. Number of children of this mother: (a) At time of birth and including this child <u>11</u> (b) Born alive and now living <u>8</u> (c) Born alive and now dead <u>2</u> (d) Stillborn <u>1</u></p>			
<p>24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive</u> at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by <u>Alice Cox</u>, who is related to this child as <u>Mother</u>. (First name) (Last name)</p>			
<p>26. (a) <u>AUG 20 1941</u> (Date received) (b) _____ (Registrar's signature)</p>		<p>25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)</p>	
<p>27. Given name added on _____ by _____ (Registrar's signature)</p>		<p>and address _____ Date _____</p>	

State of IDAHO } ss.
County of Washington

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alice Cox, being first duly sworn, say that I am related to Charles Willis Cox as Mother, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Bradley Edmunson, who attended said birth, is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 18th day of August, 1941
(SEAL) Margaret Vogel Notary Public, residing at Cambridge, Ida.

+ Alice Cox Signature

P. O. Address _____

JUN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

261730029 319
United States
Department of Commerce
Bureau of Census

AUG 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

318827
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Latah (b) City Deary
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 7 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Deary
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Deary, Idaho

3. RESIDENCE of FATHER (city, state) Deary, Idaho

4. FULL NAME OF CHILD

Albert Louis Swanson

5. Date of Birth

(Month, day year) Dec. 30, 1895

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Swan Swanson

11. Color or Race

white

12. Age at time of THIS birth

33 yrs.

13. Birthplace

Blaken

Sweden

14. Exact Occupation

Farming

15. Industry or Business

Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME

Emma Larson

17. Color or Race

White

18. Age at time of THIS birth

28 yrs

19. Birthplace

Appelbo, Sweden

20. Exact Occupation

Housewife

21. Industry or Business

Household

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1
(c) Born alive and now dead 2 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) _____, who is related to this child as _____ (First name) (Last name)

26. (a) AUG 20 1941 (Date received)

(b) Maud H. Eddy (Mother, etc.) (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's

OWN signature _____ M.D.

and address _____ Date _____ (D.O., Midwife, etc.)

State of Idaho }
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Swanson, being first duly sworn, say that I am related to Albert Louis Swanson as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the physician (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Emma Swanson Signature

Deary, Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of August, 19 41.

(SEAL)

Notary Public, residing at Deary, Idaho

✓
FEB 25 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

215 109 028 245

United States
Department of Commerce
Bureau of Census

(Be sure that information is as of date of birth of THIS child)

AUG 22 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 318847
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Marine Route
(d) Name of Hospital or Maternity Home: Born at home on farm at Coeur d' Alene Lake
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county 1 years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Coeur d' Alene Lake
(d) Street Address or R.F.D. No. Marine Route
(e) How long has MOTHER lived in Idaho? 12 yrs.
(f) Mother's mailing address Coeur d' Alene Lake,

3. RESIDENCE of FATHER (city, state) Coeur d'Alene Lake, Id.

4. FULL NAME OF CHILD

Melvin George Sandaker

5. Date of Birth

(Month, day year) October 9, 1895

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd None

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME

Hans Andreas Sandager

16. FULL MAIDEN NAME

Anne Knudsen

11. Color or Race White 12. Age at time of THIS birth 46 yrs.

17. Color or Race White 18. Age at time of THIS birth 29 yrs.

13. Birthplace Sandager; Modum; Norway
(~~xxxxxx farm~~) (State or foreign country)

19. Birthplace Dokka; Krødsherred; Norway
(~~xxxxxx farm~~) (State or foreign country)

14. Exact Occupation Farmer

20. Exact Occupation Housewife

15. Industry or Business Farmer

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum I do not know (not known)

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) AUG 22 1941 (b) Melvin G. Sandaker (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)

27. Given name added on _____ by _____ (Registrar's signature)

and address _____

Date _____

State of Oregon } ss.
County of Multnomah

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Betsy Marie Perrenoud, being first duly sworn, say that I am related to (Related to (or) acquainted with) Melvin George Sandaker as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Anne Marie Peterson, who attended (Name of attendant at birth) (midwife) said birth is now deceased and that this birth has not been previously recorded. (Is now deceased ~~xxx cannot be located~~)

Mrs. Betsy Marie Perrenoud Signature
5310 N. Williams Ave., Portland, Ore. P. O. Address

Subscribed and sworn to before me on this 21st day of August, 1941.

(SEAL)

M. J. Jones Notary Public, residing at Portland, Oregon

My commission expires Feb. 26, 1943.

8-25-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

553 110 001 000

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **318984**
Local Reg. No. _____
Reg. Dist. No. _____

AUG 21 1941

1. PLACE OF BIRTH

(a) County Ada (b) City Boise
(c) ~~Street Address~~ or R.F.D. No. ?
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ? days.
IN THIS county ? years ? month ? days

4. FULL NAME OF CHILD

Edward Alvin Nelson

6. Sex Male

FATHER OF CHILD

10. FULL NAME Anders Gustaf Nelson

11. Color or Race White 12. Age at time of THIS birth 30 yrs.

13. Birthplace Sweden
(City or town) (State or foreign country)

14. Exact Occupation carpenter

15. Industry or Business Railroad

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living 1.
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) AUG 21 1941 (b) Maud H. Gentry
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise

(d) ~~Street Address~~ or R.F.D. No. ?
(e) How long has MOTHER lived in Idaho? ? yrs.
(f) Mother's mailing address ?

3. RESIDENCE of FATHER (city, state) Deceased

5. Date of Birth
(Month, day year) 3/10/1895

8. No. months of Pregnancy ? 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha

17. Color or Race White 18. Age at time of THIS birth ? yrs

19. Birthplace ? United States
(City or town) (State or foreign country)

20. Exact Occupation teacher

21. Industry or Business Public Schools

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)

and address _____ Date _____

State of Illinois } ss.
County of Cook

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Carolina Nelson, being first duly sworn, say that I am related (aunt)
Edward Alvin Nelson as aunt
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Anders Gustaf Nelson, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 13th day of August 1941
(SEAL) Andrew Neely Notary Public, residing at Chicago Ill

Carolina Nelson Signature
2022 - S. Claremont ave Address
1941

8-29-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



396 109 028 415

United States
Department of Commerce
Bureau of Census

AUG 28 1941

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319051
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County **Kootenai** (b) City **Emida**
(c) Street Address or R.F.D.No. **none**
(d) Name of Hospital or Maternity Home: **none**

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. **x** days.
IN THIS county **x** years **xx** month **xx** days

4. FULL NAME
OF CHILD **William Guy Crow**

6. Sex **Male** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME **Levi Crow**
11. Color or Race **White** 12. Age at time of THIS birth **27** yrs.

13. Birthplace **Joplin, Mo.**
(City or town) (State or foreign country)

14. Exact Occupation **Farmer**
15. Industry or Business **Farmer**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **Unknown**

23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **3**
(c) Born alive and now dead **0** (d) Stillborn **0**

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) **AUG 28 1941** (b) **Mary E. Eber**
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

State of **WASHINGTON**
County of **THURSTON** } ss.

I, **William Crow**, being first duly sworn, say that I am **Related to**
William Guy Crow as **Uncle**
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **unknown**, who attended said birth: **unknown** and that this birth has not been previously recorded.
(Name of attendant at birth)
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

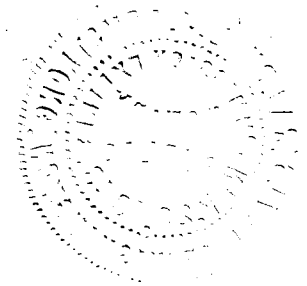
Subscribed and sworn to before me on this **23rd** day of **August**, 19**41**
(SEAL) **Ralph J. Armstrong** Notary Public, residing at **Olympia.**
William Crow Signature
1217 Prospect Olympia P. O. Address

8-27-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

753 213035 557
United States (Be sure the information is as of date of birth of THIS child) State File No. 319113
Department of Commerce AUG 29 1941 CERTIFICATE OF BIRTH
Bureau of Census STATE OF IDAHO Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County Reg. Perce (b) City Lewiston
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery: at home
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Reg. Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 19 yrs.
(f) Mother's mailing address. Lewiston, Id.

3. RESIDENCE of FATHER (city, state) Lewiston Idaho

4. FULL NAME OF CHILD Estella Sophie Peterson
5. Date of Birth (Month, day year) Oct 13 - 1895
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Julius Christian Peterson
11. Color White 12. Age at time of THIS birth 32 yrs.
or Race _____
13. Birthplace Maribo Denmark
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Nellie May Englie
17. Color White 18. Age at time of THIS birth 19 yrs.
or Race _____
19. Birthplace Lewiston Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 1
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) AUG 29 1941 (Date received) (b) Mary E. Fisher (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
27. Given name added on _____ by _____ and address _____ Date _____
(Registrar's signature)

State of WASHINGTON } ss.
County of Walla Walla }

I, Julius C. Peterson, being first duly sworn, say that I am parent of
Estella Sophie Peterson as father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that J. B. Morris, M.D. (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

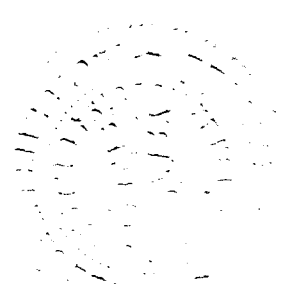
Subscribed and sworn to before me on this 27th day of August, 1941
(SEAL) _____ Notary Public, residing at Walla Walla, Wash.

1-3-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETELY in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

331 127 028 318

319190

United States (Be sure information is as of date of birth of THIS child) State File No. 311
Department of Commerce SEP - 4 1941 CERTIFICATE OF BIRTH Local Reg. No. 121
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Kootenai (b) City Medimont
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: At home

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Medimont
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD

Bale H Slayter

5. Date of Birth

(Month, day year) Dec. 27, 1935

6. Sex

Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

James Walter Slayter

MOTHER OF CHILD

16. FULL MAIDEN NAME

Myrtle Cahill

11. Color or Race White 12. Age at time of THIS birth 37 yrs.

17. Color or Race White 18. Age at time of THIS birth 25 yrs.

13. Birthplace Plymouth Indiana
(City or town) (State or foreign country)

19. Birthplace Markesan Wis.
(City or town) (State or foreign country)

14. Exact Occupation Postmaster

20. Exact Occupation House wife

15. Industry or Business Storekeeper

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) September 2, 1941 (b) [Signature]
(Date received) (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)

27. Given name added on _____ by _____
(Registrar's signature)

and address _____ Date _____

State of Idaho } ss.
County of Kootenai

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Myrtle Slayter Cole, being first duly sworn, say that I am related to _____ (Related to (or) acquainted with)
Bale H Slayter as his mother _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ellen Snider _____, who attended (Name of attendant at birth)

said birth Deceased _____ and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Myrtle Slayter Cole _____ Signature

522 S. 11th, Coeur d'Alene _____ P. O. Address

Subscribed and sworn to before me on this 2 day of Sept. 1941.

(SEAL)

Jos. A. Foster Clerk of the District _____ Notary Public, residing at _____
Jos. C. White Deputy

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

319 230 008 - 219
United States

Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

319279

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Bannock (b) City Downey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 270 days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Downey
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 21 yrs.
(f) Mother's mailing address Downey, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD

Elva Maud Larson

5. Date of Birth

(Month, day year) May 30 1895

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Thurston George Larson

11. Color or Race white 12. Age at time of THIS birth 35 yrs.

13. Birthplace So. Cottonwood, Utah
(City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) SEP 8 1941 (b) Mary H. Eber
(Date received) (Registrar's signature)

25. Attendant's

OWN signature. M.D.

27. Given name added on by
(Registrar's signature)

and address Date

State of Idaho } ss.
County of Madison

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Daisy Deen Barger Larson, being first duly sworn, say that I am related to Elva Maud Larson as his mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Fanny Stoddard who attended
(Name of attendant at birth)

said birth is now deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Daisy Deen Barger Larson Signature

Rexburg, Idaho P. O. Address

Subscribed and sworn to before me on this 5th day of September, 1941

(SEAL)

Notary Public, residing at Rexburg, Idaho.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

17-1-1

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

666-129 036-815

United States (Be sure the information is as of date of birth of THIS child) State File No. **319497**
Department of Commerce SEP 11 1941 CERTIFICATE OF BIRTH
Bureau of Census *Oneida* STATE OF IDAHO Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County *Franklin* (b) City *Riverdale*
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: *at home*
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State *Idaho* (b) County *Franklin*
(c) City *Riverdale* *Oneida*
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? *11* yrs.
(f) Mother's mailing address *Riverdale, Idaho*

4. FULL NAME OF CHILD *Lawell Hancey Woolf*
6. Sex *male* 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy *9 mo.* 9. Legitimate? *Yes*

FATHER OF CHILD
10. FULL NAME *John Anthony Woolf*
11. Color or Race *White* 12. Age at time of THIS birth *34* yrs.
13. Birthplace *Marion Utah*
(City or town) (State or foreign country)
14. Exact Occupation *Farmer*
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME *Amelia Rachel Hancey*
17. Color or Race *white* 18. Age at time of THIS birth *29* yrs.
19. Birthplace *Hyde Park Utah*
(City or town) (State or foreign country)
20. Exact Occupation *Housewife*
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child *6* (b) Born alive and now living *5*
(c) Born alive and now dead / (d) Stillborn *none*

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) (Date received) (b) *Marion J. Eddy* (Mother, etc.) (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of } ss.
County of

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, *Amelia Rachel Woolf*, being first duly sworn, say that I am *Related to* *Lawell Hancey Woolf* as *Mother* (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that *Mrs. McQueen*, who attended said birth *Is now deceased* and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this *10th* day of *September* 19*41*
(SEAL) *Ray Walker* Notary Public, residing at *Idaho Falls, Idaho*
Signature *Amelia Rachel Woolf* P. O. Address
My Commission Expires May 2, 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

131
14. Exact
15. Occupation
16. Locality of
17. Residence
18. Name of physician
19. Name of child
20. Number of children
21. Name of mother
22. Name of father
23. Name of child
24. Name of child
25. Name of child
26. Name of child
27. Name of child
28. Name of child
29. Name of child
30. Name of child
31. Name of child
32. Name of child
33. Name of child
34. Name of child
35. Name of child
36. Name of child
37. Name of child
38. Name of child
39. Name of child
40. Name of child
41. Name of child
42. Name of child
43. Name of child
44. Name of child
45. Name of child
46. Name of child
47. Name of child
48. Name of child
49. Name of child
50. Name of child
51. Name of child
52. Name of child
53. Name of child
54. Name of child
55. Name of child
56. Name of child
57. Name of child
58. Name of child
59. Name of child
60. Name of child
61. Name of child
62. Name of child
63. Name of child
64. Name of child
65. Name of child
66. Name of child
67. Name of child
68. Name of child
69. Name of child
70. Name of child
71. Name of child
72. Name of child
73. Name of child
74. Name of child
75. Name of child
76. Name of child
77. Name of child
78. Name of child
79. Name of child
80. Name of child
81. Name of child
82. Name of child
83. Name of child
84. Name of child
85. Name of child
86. Name of child
87. Name of child
88. Name of child
89. Name of child
90. Name of child
91. Name of child
92. Name of child
93. Name of child
94. Name of child
95. Name of child
96. Name of child
97. Name of child
98. Name of child
99. Name of child
100. Name of child

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

614 131 036 693

319517

United States (Be sure the information is as of date of birth of THIS child) State File No. 319517
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Oreida (b) City Dayton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: SEP 15 1941
In Hosp. or Mat. Home. days
IN THIS county . . . years . . . month . . . days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Oreida
(c) City Dayton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 23 yrs.
(f) Mother's mailing address Cosmos, Utah

3. RESIDENCE of FATHER (city, state) Cosmos, Utah

4. FULL NAME OF CHILD Fenton W Waddoups
5. Date of Birth (Month, day year) Dec. 31, 1895
6. Sex M 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME William Waddoups Jr.
11. Color or Race W. 12. Age at time of THIS birth 25 yrs.
13. Birthplace Countiful Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Jane Wilson
17. Color or Race W. 18. Age at time of THIS birth 23 yrs.
19. Birthplace Evanswood England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was . . . at . . . M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by . . . , who is related to this child as . . . (First name) (Last name)

26. (a) Sept 15, 1941 (b) Mary F. Waddoups (Mother, etc.) (Registrar's signature)
27. Given name added on . . . by . . . (Registrar's signature)

25. Attendant's OWN signature . . . M.D. (D.O., Midwife, etc.) and address . . . Date

State of Utah } ss.
County of Box Elder

I, William Waddoups Jr., being first duly sworn, say that I am related to Fenton W. Waddoups as Father (Related to (or) acquainted with) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Chadwick (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Wm Waddoups Jr. Signature
Cosmos, Utah P. O. Address

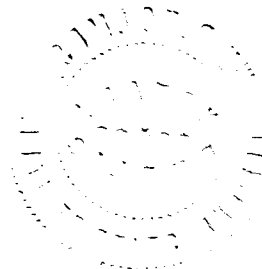
Subscribed and sworn to before me on this 8th day of September 1941
(SEAL) Wm R. Holmes Notary Public, residing at Cosmos - Utah
My com. Exp. Jan. 30 - 1942

SEP 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



P. O. Address

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

497114-035-319

321022

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census SEP 24 1941 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Boise (b) City Forrest
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Forrest
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address.

3. RESIDENCE of FATHER (city, state) Forrest, Idaho

4. FULL NAME OF CHILD James Albert DePaster
5. Date of Birth (Month, day year) Dec. 14, 1895
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME William Jefferson DePaster
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Nephi, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Evelyn Carlton
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Lewiston, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0
24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child
(First name) (Last name)

25. Attendant's OWN signature M. J. DePaster M.D. (D.O., Midwife, etc.)
26. (a) (Date received) (b) M. J. DePaster Registrar's signature
27. Given name added on SEP 24 1941 by Registrar's signature and address Date

State of Idaho } ss.
County of Boise
I, W. J. DePaster, being first duly sworn, say that I am related to James Albert DePaster as Father, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Nelson, who attended said birth now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 22 day of September, 1941.
(SEAL) Paul H. Neiger Notary Public, residing at Boise, Idaho
CLERK OF DISTRICT COURT
EX-OFFICIO AUDITOR AND RECORDER

AUG 17 1960

SEP 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

957201 025-289

321030

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census SEP 22 1941 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. RECEIVED
(d) Name of Hospital or Maternity Home: at mother's home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 21 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state) Grangeville Idaho

4. FULL NAME OF CHILD Cornelia Elizabeth Ingram Kato 5. Date of Birth (Month, day year) Oct 1, 1925
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Albert Nicholas Ingram
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Arkansas (City or town) (State or foreign country)
14. Exact Occupation Retired
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Susan Barbara Shisler
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Grangeville Idaho (City or town) (State or foreign country)
20. Exact Occupation None
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) SEP 22 1941 (b) Mary H. Eedley 25. Attendant's OWN signature _____ M.D. (Date approved) (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on _____ by _____ and address _____ (Registrar's signature) Date

State of California } ss.
County of San Francisco }
I, Albert Nicholas Ingram, being first duly sworn, say that I am Related to _____ (Related to (or) acquainted with)
Cornelia Elizabeth Ingram Kato as Father _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth cannot be located and that this birth has not been previously recorded. (Name of attendant at birth) (Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Subscribed and sworn to before me on this 1st day of September 1941
(SEAL) _____ Signature
CITY AND COUNTY OF SAN FRANCISCO - San Francisco P. O. Address
Notary Public, residing in San Francisco, STATE OF CALIFORNIA, _____
MY COMMISSION EXPIRES JUNE 19, 1943

SET 2 3 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

718-230 035 432

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **321039**
Local Reg. No.
Reg. Dist. No.

SEP 25 1941

1. PLACE OF BIRTH

(a) County Nez Perce (b) City West Lake
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
IN THIS county 6 years 0 month 0 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Nez Perce
(c) City West Lake
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address as above

3. RESIDENCE of FATHER (city, state) as above

4. FULL NAME OF CHILD

Mabel Clair Payne

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd —

5. Date of Birth (Month, day year) Mar. 30, 1895

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Harry Payne
11. Color White 12. Age at time of THIS birth 35 yrs.
13. Birthplace London England
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Leanora Terry McKinney
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Luling Texas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at nine P.M. on the date SEP 25 1941 and at the place stated above, and that personal particulars were furnished by Leanora Payne, who is related to this child as mother (First name) (Last name)

26. (a) SEP 25 1941 (b) Mabel H. Hefner 25. Attendant's Abbie Deformida OWN signature (Date received) (Registrar's signature) (D.M. wife, etc.)

27. Given name added on by and address Clewiston Ida Date Sept 15 1941 (Registrar's signature)

State of Washington } ss.
County of Asotin

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Leanora Payne, being first duly sworn, say that I am related to Mabel Clair Payne as her mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Abbie Deformida, who attended said birth (Name of attendant at birth) and that this birth has **not been previously recorded**.

(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 15th day of September 1941
(SEAL) Clark H. Hefner Notary Public, residing at Clewiston Wash

Signature
P. O. Address

SEP 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

771425-029-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 22 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

321089

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH RECEIVED (a) County <u>LATAH</u> (b) City <u>Julietta</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>NO</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home.....days. In THIS county..... <u>3</u> years.....months.....days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>IDAHO</u> (b) County <u>LATAH</u> (c) City <u>JULIETTA</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>3</u> yrs. (f) Mother's mailing address <u>JULIETTA</u>	
4. FULL NAME OF CHILD <u>JAMES WILLIAM CRAWFORD</u>		5. Date of Birth (Month, day, year) <u>MAY 25, 1895</u>	
6. Sex <u>MALE</u>	7. Twin or Triplet <u>NO</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>YES</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Samuel Marion Crawford</u>		16. FULL MAIDEN NAME <u>MALINDA JANETHORNTON</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>28</u> yrs.		18. Age at time of THIS birth <u>28</u> years	
13. Birthplace <u>Woodburn Oregon</u> (City or town) (State or foreign country)		19. Birthplace <u>AMITY Oregon</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>FARMING</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Boric Acid</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u> (c) Born alive and now dead <u>none</u> (d) Stillborn <u>none</u>			

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

26. (a) SEP 22 1941 (Date received) (b) Mary H. Fisher (Registrar's signature)
27. Given name added on.....by..... (Registrar's signature)
25. Attendant's OWN signature M.D. or..... (D.O., Midwife, etc.)
and address.....Date.....

State of..... } ss.
County of.....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

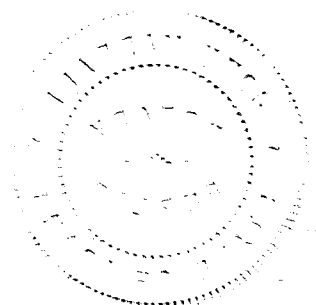
I, JANE CRAWFORD, being first duly sworn, say that I am.....RELATED
JAMES WILLIAM CRAWFORD as MOTHER (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Julietta Crawford who attended
said birth.....DECEASED (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 24th day of September, 1941, Idaho
(SEAL) Notary Public, residing at Winchester, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

259-122-028-632

United States

(Be sure the information is as of date of birth of THIS child)

State File No.

321122

Department of Commerce SEP 29 1941

CERTIFICATE OF BIRTH

Local Reg. No.

Bureau of Census

STATE OF IDAHO

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Kootenai (b) City TR 7 D.
(c) Street Address or R.F.D. No. TR 7 D.
(d) Name of Hospital or Maternity Home: none

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home none days.
IN THIS county 9 years 9 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Ida (b) County Kootenai
(c) City TR 7 D.
(d) Street Address or R.F.D. No. TR 7 D.
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address: none

3. RESIDENCE of FATHER (city, state)

dead

4. FULL NAME OF CHILD

Albert Herman Bergen

5. Date of Birth

(Month, day year) June, 22, 1895

6. Sex Male

7. Twin or Triplet

If so, born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME

Herman Bergen

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace

Sweden (City or town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Sophia Olson

17. Color or Race White

18. Age at time of THIS birth 36 yrs.

19. Birthplace

Sweden (City or town) (State or foreign country)

20. Exact Occupation

housekeeper

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at TR 7 D. M. on the date June 22, 1895 (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Maternal Feeder, who is related to this child as mother, etc. (First name) (Last name)

26. (a) SEP 29 1941 (Date received)

(b) Maternal Feeder (Mother, etc.) (Registrar's signature)

25. Attendant's OWN signature

M.D.

(D.O., Midwife, etc.)

27. Given name added on SEP 29 1941 by Maternal Feeder (Registrar's signature)

and address

Date

State of California County of San Luis Obispo

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Mary Phillips, being first duly sworn, say that I am acquainted with Albert Herman Bergen as close neighbor 1895 (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the midwife (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 27th day of September 1941

(SEAL)

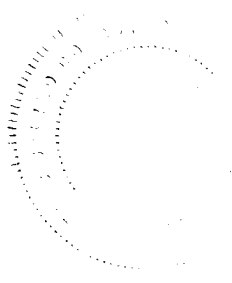
Notary Public, residing at Atascadero Calif

9-30-11

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

866-209029 517

321283

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

24-1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

(a) County Idaho (b) City Genesee
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: At Hooker home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County _____
(c) City Genesee
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address _____

4. FULL NAME OF CHILD

Johanna Hooker

5. Date of Birth

(Month, day year) Nov. 9, 1895

6. Sex

Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

FATHER OF CHILD

10. FULL NAME

Alpham Hooker

11. Color or Race

white

12. Age at time of THIS birth

37 yrs.

13. Birthplace

Opdal, Norway
(City or town) (State or foreign country)

14. Exact Occupation Industry or Business

Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME

Carrie Vagnild Hooker

17. Color or Race

white

18. Age at time of THIS birth

42 yrs

19. Birthplace

Opdal, Norway
(City or town) (State or foreign country)

20. Exact Occupation Industry or Business

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead 2 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) SEP 24 1941
(Date received)

(b) Mary E. Eekers
(Registrar's signature)

25. Attendant's OWN signature

M.D.

27. Given name added on _____ by _____
(Registrar's signature)

and address _____

(D.O., Midwife, etc.)
Date _____

State of Idaho } ss.
County of Idaho

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Harry A. Thatcher, being first duly sworn, say that I am acquainted with Johanna Hooker as an acquaintance (Related to (or) acquainted with) whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the doctor and midwife who attended said birth are now deceased (Name of attendant at birth) and that this birth has not been previously recorded.
(is now deceased (or) cannot be located)

Harry A. Thatcher

Signature

320 South Lincoln, Moscow, Idaho P. O. Address

Subscribed and sworn to before me on this 22nd day of September, 1941

(SEAL)

W. J. Peterson

Notary Public, residing at Moscow, Idaho
Probate Judge

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

219 103 014 268

321338

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 3 1/2 miles East
(d) Name of Hospital or Maternity Home: none

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. days.

IN THIS county 9 years month days

4. FULL NAME OF CHILD

Patrick John Barry

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

10. FULL NAME

Patrick John Barry

11. Color or Race

White 12. Age at time of THIS birth 35 yrs.

13. Birthplace

New York City N.Y. (City or town) (State or foreign country)

14. Exact Occupation

Blacksmith

15. Industry or Business

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon

(c) City Nampa

(d) Street Address or R.F.D. No. 3 1/2 miles East

(e) How long has MOTHER lived in Idaho? 20 yrs.

(f) Mother's mailing address Nampa Idaho

3. RESIDENCE of FATHER (city, state)

Same

5. Date of Birth

(Month, day year) April 3 1895

8. No. months of Pregnancy

9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME

Hella Elizabeth Boyer

17. Color or Race

White 18. Age at time of THIS birth 20 yrs.

19. Birthplace

Lexington Neb. (City or town) (State or foreign country)

20. Exact Occupation

House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)

26. (a) SEP 30 1941 (Date received)

(b) Mark H. Eder (Registrar's signature)

25. Attendant's

OWN signature M.D.

27. Given name added on by (Registrar's signature)

and address Date (D.O., Midwife, etc.)

State of Oregon } ss.
County of Marion

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Hella Elizabeth Barry, being first duly sworn, say that I am mother (Related to (or) acquainted with)
Patrick John Barry as mother (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Boyer (Name of attendant at birth), who attended

said birth is now deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Hella Elizabeth Barry Signature

1310 So. 13th Salem Oregon P. O. Address

Subscribed and sworn to before me on this 8th day of September 1941

(SEAL)

Remond H. Raudel Notary Public, residing at Salem Ore

my commission expires Jan 22-1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

162-131 014 791

United States (Be sure the information is as of date of birth of THIS child) State File No. **321340**
 Department of Commerce SEP 30 1941 **CERTIFICATE OF BIRTH** Local Reg. No.
 Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH RECEIVED
 (a) County Canyon (b) City Payette
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home:
 (e) Mother's stay **BEFORE** delivery:
 In Hosp. or Mat. Home. days.
 IN THIS county years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Canyon
 (c) City Payette
 (d) Street Address or R.F.D. No.
 (e) How long has **MOTHER** lived in Idaho? 1 1/2 yrs.
 (f) Mother's mailing address Payette, Idaho

3. RESIDENCE of FATHER (city, state) Payette, Idaho

4. FULL NAME OF CHILD Loyd Kenneth Johnson
5. Date of Birth (Month, day year) Oct. 31, 1895
6. Sex male **7. Twin or** Triplet -- **If so—born** 1st, 2nd, 3rd -- **8. No. months** 9 **9. Legitimate?** yes

FATHER OF CHILD
10. FULL NAME Crill Miller Johnson
11. Color white **12. Age at time** 23 yrs.
 or Race of THIS birth
13. Birthplace Fairfield, Benton Co., Mo.
 (City or town) (State or foreign country)
14. Exact Occupation Day Laborer
15. Industry or Business Nursery Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Elizabeth Grace
17. Color white **18. Age at time** 21 yrs.
 or Race of THIS birth
19. Birthplace Fairfield, Benton Co., Mo.
 (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 1
 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is
 related to this child as (First name) (Last name)

26. (a) SEP 30 1941 (Date received) **(b)** Mary E. Johnson (Mother, etc.)
 (Registrar's signature)
27. Given name Loyd on by
 (Registrar's signature) **25. Attendant's** OWN signature M.D.
 and address (D.O., Midwife, etc.)
 Date

State of Idaho } ss.
 County of Payette

I, Mary E. Johnson, being first duly sworn, say that I am related to
Loyd Kenneth Johnson as mother
 (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
 contained therein are true to the best of my knowledge. I further state that Mrs. Cornelia Golden who attended
 (Name of attendant at birth)
 said birth is now deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Mary E. Johnson Signature
824 N. 6th, Payette, Idaho P. O. Address
 Subscribed and sworn to before me on this 29th day of September, 1941
 (SEAL) John J. Dunn Notary Public, residing at Payette, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753 121 020-366

321382

United States (Be sure the information is as of date of birth of THIS child) State File No.
 Department of Commerce OCT 1 1941 CERTIFICATE OF BIRTH Local Reg. No.
 Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH RECEIVED
 (a) County Elmore (b) City Dixie
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home:
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home. days.
 IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Elmore
 (c) City Dixie
 (d) Street Address or R.F.D. No.
 (e) How long has MOTHER lived in Idaho? 74 yrs.
 (f) Mother's mailing address:

4. FULL NAME OF CHILD George Washington Peck
 5. Date of Birth 1993 July 21
 (Month, day year)
 6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
 8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD
 10. FULL NAME George Washington Peck
 11. Color or Race white 12. Age at time of THIS birth 43 yrs.
 13. Birthplace Blackheart Wisconsin
 (City or town) (State or foreign country)
 14. Exact Occupation Farmer
 15. Industry or Business

MOTHER OF CHILD
 16. FULL MAIDEN NAME Mary Frances Cowser
 17. Color or Race white 18. Age at time of THIS birth 36 yrs.
 19. Birthplace Rolla Co Missouri
 (City or town) (State or foreign country)
 20. Exact Occupation Housewife
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
 23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living
 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (born alive, stillborn) Edna Peck, who is
 and at the place stated above, and that personal particulars were furnished by Edna Peck, who is
 related to this child as Sister (First name) (Last name)

26. (a) OCT 1 1941 (b) Mary H. Peck 25. Attendant's OWN signature Edna Peck M.D.
 (Date received) (Registrar's signature) (D.O., Midwife, etc.)
 27. Given name added on by and address Date

State of Idaho } ss.
 County of Elmore }
 I, Edna Peck, being first duly sworn, say that I am Related to
George Washington Peck as Sister (Related to (or) acquainted with)
 (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) who attended said birth. Cannot be located and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Subscribed and sworn to before me on this 29 day of Sept 1941
 (SEAL) Edna Peck Signature
 Notary Public, residing at Payfield Idaho P. O. Address

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

997 110 028 859

321425

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
 Department of Commerce OCT 3 1941 CERTIFICATE OF BIRTH Local Reg. No. _____
 Bureau of Census STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH
 (a) County Kootenai RECEIVED (b) City Coeur d'Alene
 (c) Street Address or R.F.D. No. _____
 (d) Name of Hospital or Maternity Home: _____
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home _____ days.
 IN THIS county 16 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Kootenai
 (c) City Coeur d'Alene
 (d) Street Address or R.F.D. No. _____
 (e) How long has MOTHER lived in Idaho? 16 yrs.
 (f) Mother's mailing address Coeur d'Alene

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD John Earl Rippetoe 5. Date of Birth (Month, day year) June 10, 1895
 6. Sex Male 7. Twin or Triplet If so—born 8. No. months of Pregnancy 9. Legitimate? Yes
 1st, 2nd, 3rd

FATHER OF CHILD
 10. FULL NAME John William Rippetoe
 11. Color or Race White 12. Age at time of THIS birth 39 yrs.
 13. Birthplace Pearidge, Arkansas
 (City or town) (State or foreign country)
 14. Exact Occupation Logger
 15. Industry or Business

MOTHER OF CHILD
 16. FULL MAIDEN NAME Susan Lavena Herren
 17. Color or Race White 18. Age at time of THIS birth 21 yrs.
 19. Birthplace Missoula, Montana
 (City or town) (State or foreign country)
 20. Exact Occupation Housewife
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
 23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) OCT 3 1941 (b) Mabel H. Eddy 25. Attendant's OWN signature _____ M.D. (Date received) (Registrar's signature) (D.O., Midwife, etc.)
 27. Given now added on _____ by _____ and address _____ Date _____
 (Registrar's signature)

State of Idaho } ss.
 County of Kootenai

I, John William Rippetoe, being first duly sworn, say that I am related to John Earl Rippetoe as father
 (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Sabern, who attended said birth now deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

John William Rippetoe Signature
 _____ P. O. Address

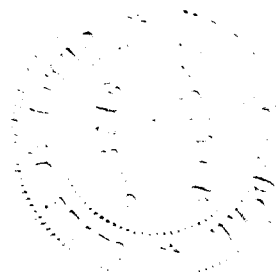
Subscribed and sworn to before me on this 27th day of September, 1941
 (SEAL) Harold S. Lund Notary Public, residing at Coeur d'Alene

OCT 6 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



815-207-022-363

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File **321458**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home days.
IN THIS county 30 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 30 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Ethel Hansen

5. Date of Birth (Month, day year) May 7, 1895

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Henry Wilson

11. Color or Race White 12. Age at time of THIS birth 40 yrs.

13. Birthplace Marysville, Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Phebe Coleman

17. Color or Race White 18. Age at time of THIS birth 35 yrs.

19. Birthplace Lehi, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10 P M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Phebe Wilson, who is related to this child as Sister (Mother, etc.)
(First name) (Last name)

26. (a) Oct 6 - 1941 (b) Mabel E. Eddy 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
(Date received) (Registrar's signature)

27. Given name added on by (Registrar's signature) and address Date

State of Idaho ss.
County of Fremont

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Phebe Wilson Wetherbee, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Ethel Hansen as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mary Baker (Name of attendant at birth) said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 26 day of Sept 19 41
(SEAL) Thos. Hargis

Phebe Wilson Wetherbee Signature
Ashton, Idaho P. O. Address
Notary Public, residing at Ashton, Idaho

OCT 9 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (a) County <u>Bear Lake</u> (b) City <u>Montpelier</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>residence</u> x (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. IN THIS county _____ years _____ month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bear Lake</u> (c) City <u>Montpelier</u> (d) Street Address or R.F.D. No. _____ x (e) How long has MOTHER lived in Idaho? <u>47</u> yrs. (f) Mother's mailing address <u>Montpelier, Ida.</u>	
4. FULL NAME OF CHILD <u>James William Holmes</u>		5. Date of Birth (Month, day year) <u>Nov. 2, 1895</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>--</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Joseph Hyrum Holmes</u> 11. Color or Race <u>White</u> x 12. Age at time of THIS birth <u>28</u> yrs. x 13. Birthplace <u>Montpelier Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Janitor, High School</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Sarah Elizabeth Hill</u> 17. Color or Race <u>White</u> x 18. Age at time of THIS birth <u>27</u> yrs. x 19. Birthplace <u>Madrid Road - Tennessee</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none used not necessary</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>3</u> (c) Born alive and now dead <u>1</u> (d) Stillborn <u>none</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)			
26. (a) _____ (Date received) 27. Given name added on _____ by _____ (Registrar's signature)		25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____	

State of Idaho } ss.
County of Bear Lake }

I, Joseph Hyrum Holmes, being first duly sworn, say that I am related to James William Holmes as father (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hoover (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

x Joseph Hyrum Holmes Signature
Montpelier, Idaho P. O. Address

Subscribed and sworn to before me on this 11th day of October, 1941
(SEAL) Chas E Harris Notary Public, residing at Montpelier Idaho
my com exp. mch 7-1942

OCT 15 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

318 216 030-218

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 13 1941 CERTIFICATE OF BIRTH
STATE OF IDAHO

321697

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County <u>Idaho</u> (b) City <u>Gibbonsville</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county <u>3</u> years month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Gibbonsville</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>1</u> yrs. (f) Mother's mailing address <u>Gibbonsville Idaho</u>	
4. FULL NAME OF CHILD <u>Myrtle May Layton</u>		5. Date of Birth (Month, day, year) <u>May-16-1895</u>	
6. Sex <u>Female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
10. FULL NAME FATHER OF CHILD <u>William Henry Layton</u>		11. FULL MAIDEN NAME MOTHER OF CHILD <u>Flora Christina Sayers</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>29</u> yrs.	13. Color or Race <u>White</u>	14. Age at time of THIS birth <u>27</u> yrs.
13. Birthplace <u>White County Texas</u> (City or town) (State or foreign country)	14. Exact Occupation <u>Miner</u>	15. Birthplace <u>Winnipeg, Canada</u> (City or town) (State or foreign country)	16. Exact Occupation <u>Housewife</u>
15. Industry or Business _____	17. Industry or Business _____		

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) OCT 13 1941 (Date received) (b) William H. Layton (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
28. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Montana
County of Big Horn } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William H. Layton, being first duly sworn, say that I am related to Myrtle May Layton as Father (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Cannon (Name of attendant at birth) who attended said birth Cannot locate and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

William H. Layton Signature
Garryowen, Montana P.O. Address

Subscribed and sworn to before me on this 3rd day of October, 1941

(SEAL)

Notary Public, for the State of Montana
Residing at Hardin, Montana
My Commission Expires June 6, 1942

OCT 15 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

559-127-004-396

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

321700

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 13 1941

1. **PLACE OF BIRTH:**
(a) County San Bernardino (b) City Paris
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Calif. (b) County Los Angeles
(c) City Long Beach
(d) Street Address or R.F.D. No. 1069 Terminal
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Edward Thomas Neibaur 5. Date of Birth (Month, day, year) August 27, 1895
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy nine 9. Legitimate?

- FATHER OF CHILD**
10. **FULL NAME** Morris Rosenbaum Neibaur
11. Color or Race white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Salt Lake City, Utah
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business.....
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Ellen Isabella Croft
17. Color or Race white 18. Age at time of THIS birth 26 years
19. Birthplace Woodward, Essex, England
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living 2
(c) Born alive and now dead 2 (d) Stillborn 2

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

- OCT 13 1941 (Mother, etc.)
26. (a)..... (b) Mabel Heeper 25. Attendant's
(Date received) (Registrar's signature) **OWN signature**..... M.D. or.....
(D.O., Midwife, etc.)
27. Given name added on..... by..... and address.....
(Registrar's signature) Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ellen J. Neibaur, being first duly sworn, say that I am..... Related to.....
Edward Thomas Neibaur as..... Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Gray, midwife, who attended said birth....., (Name of attendant at birth)
is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

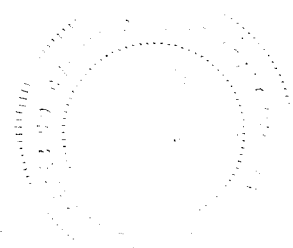
Subscribed and sworn to before me on this..... day of.....
October 9, 1941 Name.....
Ellen J. Neibaur P. O. Address.....
1069 Terminal Ave Long Beach Calif
(SEAL)..... Notary Public, residing at.....
Long Beach Calif

OCT 15 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

697 125 035 239

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT

6 1941
OCT 15 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

321743

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH: (a) County..... <u>Nez Perce</u> (b) City..... <u>Lewiston</u> (c) Street Address or R.F.D. No..... <u>Main St</u> (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home.....days. <u>at home</u> In THIS county.....years.....months.....days.	2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State..... <u>Idaho</u> (b) County..... <u>Nez Perce</u> (c) City..... <u>Lewiston</u> (d) Street Address or R.F.D. No..... <u>620-3rd Ave</u> (e) How long has MOTHER lived in Idaho?.....yrs. (f) Mother's mailing address..... <u>deceased</u>
---	---

4. FULL NAME OF CHILD <u>Carl Blissett Fix</u>	5. Date of Birth..... <u>Apr. 25, 1895</u> (Month, day, year).....
6. Sex..... <u>male</u>	7. Twin or Triplet..... <u>--</u>
	If so—born 1st, 2nd, 3rd.....
8. No. months of Pregnancy.....	9. Legitimate? <u>YES</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John M. Fix</u>	16. FULL MAIDEN NAME <u>Ella Elizabeth Blissett</u>		
11. Color or Race..... <u>white</u>	17. Color or Race..... <u>white</u>	12. Age at time of THIS birth..... <u>48</u> yrs.	18. Age at THIS birth..... <u>about 35</u> years
13. Birthplace..... <u>Birkenfeld, Germany</u> (City or town) (State or foreign country)	19. Birthplace..... <u>Oysterville, Wash</u> (City or town) (State or foreign country)		
14. Exact Occupation..... <u>merchant</u>	20. Exact Occupation..... <u>housewife</u>		
15. Industry or Business..... <u>merchant</u>	21. Industry or Business..... <u>housewife</u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....4 (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a).....OCT 7 1941 (Date received) (b).....John Penn Fix (Registrar's signature)

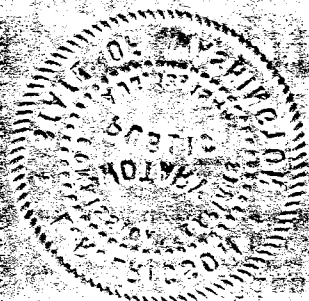
27. Given name added on.....by.....
(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....
(D.O., Midwife, etc.)
and address.....Date.....

State of.....Washington }
County of.....Spokane } ss.
I, John Penn Fix, being first duly sworn, say that I am.....related to.....
(Name of person on certificate above) (State relationship or acquaintance)
Carl Blissett Fix as.....brother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended said birth.....and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Subscribed and sworn to before me on this.....day of.....October 1941
(SEAL).....John Penn Fix Name
.....P. O. Address
.....Notary Public, residing at.....Spokane



When the birth of a child prior to the effective date of Chapter 128, Section 11 (1931 Section Laws, Chapter 128, Section 11) is reported, the birth of the child shall be reported to the Bureau of Vital Statistics for the purpose of being recorded in the Bureau of Vital Statistics when such report is accompanied by a certificate of the attending physician or nurse, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest relative or guardian, or some person having direct knowledge in the premises.

DELAYS IN REGISTRATION LAWS

(1931 Section Laws, Chapter 128, Section 11)

OCT 16 1941

268-217208-363

321755

United States (Be sure the information is as of date of birth of THIS child) State File No.
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
 Bureau of Census OCT 15 1941 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH
 (a) County Boise (b) City Roseberry
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home: Home
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home. days.
 IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Boise
 (c) City Roseberry
 (d) Street Address or R.F.D. No.
 (e) How long has MOTHER lived in Idaho? 6 yrs.
 (f) Mother's mailing address Roseberry Ida.

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Florida Boydston 5. Date of Birth (Month, day year) 9/17/1995
 6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
 10. FULL NAME William B. Boydston
 11. Color or Race White 12. Age at time of THIS birth 25 yrs.
 13. Birthplace Granby Mo. (City or town) (State or foreign country)
 14. Exact Occupation Farmer
 15. Industry or Business

MOTHER OF CHILD
 16. FULL MAIDEN NAME Hattie Cole
 17. Color or Race White 18. Age at time of THIS birth 18 yrs.
 19. Birthplace Seneca Mo. (City or town) (State or foreign country)
 20. Exact Occupation Housewife
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
 23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at M. on the date (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by William B. Boydston, who is related to this child as father (First name) (Last name)

26. (a) OCT 15 1941 (b) Walter E. Eberly 25. Attendant's OWN signature M.D. (Date received) (Registrar's signature) (D.O., Midwife, etc.)
 27. Given name added on by W. B. Boydston and address McCall Idaho Date (Registrar's signature)

State of Idaho } ss.
 County of Valley

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

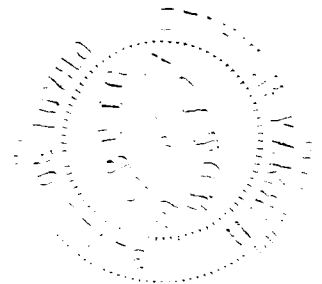
I, W. B. Boydston, being first duly sworn, say that I am related to Florida Boydston (Related to (or) acquainted with)
Florida Boydston as Father (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. Hattie (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 6 day of Oct 1941
 (SEAL) W. B. Boydston Signature
McCall Idaho P. O. Address
W. B. Boydston Notary Public, residing at McCall Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record type-writer ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

995 113 000 238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

321924

OCT 20 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County... Banner (b) City... Sand Point
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home... days.
In THIS county... 5 years... months... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State... Idaho (b) County... Banner
(c) City... Sand Point Kootenai
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address... Sand Point

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD CLARENCE EDWARD ZIENKE

5. Date of Birth May 13, 1895
(Month, day, year)

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Rudolph Zienke
11. Color or Race White **12. Age at time**
of THIS birth 48 yrs.
13. Birthplace Danzig Poland
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Contractor

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Schainfield
17. Color or Race White **18. Age at time of**
THIS birth 46 years
19. Birthplace Danzig Poland
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child... 11 (b) Born alive and now living... 8
(c) Born alive and now dead... 3 (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
and at the place stated above, and that personal particulars were furnished by who is
related to this child as a (Mother, etc.) (First name) (Last name)

26. (a) OCT 20 1941 **(b)** Marie F. Gledner
(Date received) (Registrar's signature)

25. Attendant's
OWN signature M.D. or
(D.O., Midwife, etc.)
and address Date

27. Given name added on by
(Registrar's signature)

State of... California } ss.
County of... Los Angeles

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

Harry K. Zienke being first duly sworn, say that I am related to
Charles Clarence Edward Zienke Brother
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that unknown person, who attended
said birth... cannot be located (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 18 day of October

(SEAL)

Notary Public, residing at Los Angeles

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

OCT 21 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

322964
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home in Payette, Idaho
(e) Mother's stay BEFORE delivery: 1 days
In Hosp. or Mat. Home. days
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Payette, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD

Florin Sprague Adam

5. Date of Birth

(Month, day year) Oct. 10, 1895

6. Sex male 7. Twin or Triplet -- If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Louis Adam
11. Color or Race white 12. Age at time of THIS birth 37 yrs.
13. Birthplace Newark, New Jersey
(City or town) (State or foreign country)
14. Exact Occupation Partner Furniture store
15. Industry or Business Furniture store

MOTHER OF CHILD

16. FULL MAIDEN NAME Foibel Young
17. Color or Race white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Chicago, Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 4 P. M. on the date Oct. 21, 1941 (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Maude Healy, who is related to this child as (Mother, etc.) (First name) (Last name)

26. (a) Oct 21-1941 (b) Maude Healy 25. Attendant's OWN signature M.D.
(Date received) (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on by and address Date
(Registrar's signature)

State of Oregon } ss.
County of Malheur

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Foibel Adam, being first duly sworn, say that I am related to Florin Sprague Adam as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. M. Scott, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Foibel Adam Signature

Ontario, Oregon P. O. Address

Subscribed and sworn to before me on this 20th day of October 1941
(SEAL) Notary Public, residing at Ontario, Oregon

Commission expires November 19, 1943.

JUL 9 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 22 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323014
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Latah (b) City
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Moscow, RFD#2
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address Moscow, Ida. RFE#2

3. RESIDENCE of FATHER (city, state) Moscow, R#2

5. Date of Birth
(Month, day year) July 23, 1895

4. FULL NAME OF CHILD

Lewis Elmer Branson

6. Sex Male 7. Twin or If so—born
'Triplet 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Jasper Branson

11. Color or Race White 12. Age at time of THIS birth 39 yrs.

13. Birthplace Maynardsville, Tennessee
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Alice Bailey

17. Color or Race White 18. Age at time of THIS birth 23 yrs

19. Birthplace Knox County, Tennessee
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)

26. (a) Oct 22-1941 (b) Mary E. Eder
(Date received) (Registrar's signature)

25. Attendant's OWN signature M.D.

27. Given name added on by
(Registrar's signature)

and address Date (D.O., Midwife, etc.)

State of Idaho } ss.
County of Latah

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Laura Alice Branson, being first duly sworn, say that I am related to
Lewis Elmer Branson as mother
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah Copher, who attended

said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Laura Alice Branson Signature

315 Fifth St., Moscow, Idaho P. O. Address

Subscribed and sworn to before me on this 20 day of October, 1941.

(SEAL) HARRY A. TEACHER, County Auditor, Public, residing at Moscow, Idaho

By Bessie Babcock Deputy

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

168-228-040-395

323021

United States (Be sure the information is as of date of birth of THIS child) State File No.
 Department of Commerce OCT 25 1941 CERTIFICATE OF BIRTH Local Reg. No.
 Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Shoshone (b) City Murray
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home: Our own home
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home. 0 days.
 IN THIS county 8 years 8 month - days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Shoshone
 (c) City Murray
 (d) Street Address or R.F.D. No.
 (e) How long has MOTHER lived in Idaho? 8 yrs.
 (f) Mother's mailing address Murray Idaho

3. RESIDENCE of FATHER (city, state) Murray Ida

4. FULL NAME OF CHILD Eva May Johnson 5. Date of Birth (Month, day year) Nov 28, 1895
 6. Sex Female 7. Twin or Triplet X If so—born 1st, 2nd, 3rd X 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Charles John Johnson 16. FULL MAIDEN NAME Minnie Dietz
 11. Color or Race white 17. Color or Race white
 12. Age at time of THIS birth 39 yrs. 18. Age at time of THIS birth 34 yrs.
 13. Birthplace Arseng Sweden 19. Birthplace Elewester, Holland
 (City or town) (State or foreign country) (City or town) (State or foreign country)
 14. Exact Occupation Miner 20. Exact Occupation Housewife
 15. Industry or Business 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
 23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living
 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) OCT 25 1941 (b) Mary E. Fisher 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
 (Date received) (Registrar's signature)
 27. Given name added on by and address Date
 (Registrar's signature)

State of Idaho } ss.
 County of Shoshone
 I, Ella Davis, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Eva May Johnson as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Clara Robinson (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Signature Ella Davis
Wallace Idaho P. O. Address
 Subscribed and sworn to before me on this 21 day of October 1941
 (SEAL) Mary E. Fisher Notary Public, residing at Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

866-222-025-739

323081

United States (Be sure the information is as of date of birth of THIS child) State File No.....
Department of Commerce OCT 23 1941 CERTIFICATE OF BIRTH Local Reg. No.....
Bureau of Census STATE OF IDAHO Reg. Dist. No.....

1. PLACE OF BIRTH (a) County Idaho (b) City Piggins
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home..... days.
IN THIS county years 1 month 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Piggins
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 43 yrs.
(f) Mother's mailing address Grangeville, Ida.

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Hazel H. Howard
5. Date of Birth (Month, day year) Sept. 22 1895
6. Sex Female 7. Twin or Triplet 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Orville B. Howard 16. FULL MAIDEN NAME Flora Cline
11. Color or Race White 12. Age at time of THIS birth 45 yrs. 17. Color or Race White 18. Age at time of THIS birth 27 yrs.
13. Birthplace Battle Creek Michigan (City or town) (State or foreign country) 19. Birthplace Mollalla Oregon (City or town) (State or foreign country)
14. Exact Occupation Stockraiser 20. Exact Occupation Housewife
15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

26. (a) OCT 23 1941 (b) Mary H. Heffer 25. Attendant's OWN signature X M.D. (D.O., Midwife, etc.)
(Date received) (Registrar's signature)
27. Given name added on X by X and address Date
(Registrar's signature)

State of Idaho } ss.
County of Idaho }

I, Flora Howard, being first duly sworn, say that I am Related (Related to (or) acquainted with)
Hazel H. Howard as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Flora Cline (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Subscribed and sworn to before me on this 22 day of Oct, 1941.
(SEAL) M. J. McPherson Notary Public, residing at Grangeville, Ida.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-128-003-158

323170

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. _____
 Bureau of Census OCT 27 1941 STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County Bannock (b) City Pocatello
 (c) Street Address or R.F.D. No. 450 So. 2nd Ave.
 (d) Name of Hospital or Maternity Home: _____
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home _____ days.
 IN THIS county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Bannock
 (c) City Pocatello
 (d) Street Address or R.F.D. No. 450 S. 2nd Ave.
 (e) How long has MOTHER lived in Idaho? 2 yrs.
 (f) Mother's mailing address SAME

3. RESIDENCE of FATHER (city, state) Pocatello, Id

4. FULL NAME OF CHILD Reese Edwin Trapp
 5. Date of Birth (Month, day year) Nov. 28-1895
 6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME William Edwin Trapp
 11. Color White 12. Age at time of THIS birth 37 yrs.
 13. Birthplace Andrew Co., Missouri
 (City or town) (State or foreign country)
 14. Exact Occupation Proprietor
 15. Industry or Business Liquor

16. FULL MAIDEN NAME Elsie Ashton
 17. Color White 18. Age at time of THIS birth 26 yrs.
 19. Birthplace Visalia, California
 (City or town) (State or foreign country)
 20. Exact Occupation Housewife
 21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
 23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
 (c) Born alive and now dead NO (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) OCT 27 1941 (Date received) (b) Mabel E. Beeler (Mother, etc.)
 (Registrar's signature)
 25. Attendant's OWN signature _____ M.D.
 (D.O., Midwife, etc.)
 27. Given name Reese on _____ by _____ and address _____
 (Registrar's signature) Date

State of California }
 County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Elsie Ashton Trapp, being first duly sworn, say that I am related to
Reese Edwin Trapp as mother
 (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. N. C. Rooker, who attended said birth is deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Elsie Ashton Trapp Signature
140 So. Dillon, Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me on this 24 day of October 1941.
 (SEAL) E. A. Lewis Notary Public, residing at Los Angeles, Cal
 My Commission Expires September 16, 1945

10-37-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

OCT 29 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

323291

1. PLACE OF BIRTH

- (a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 306 N. Water Ave.
(d) Name of Hospital or Maternity Home:
None - born at home.
(e) Mother's stay **BEFORE** delivery: None
In Hosp. or Mat. Home days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 306 N. Water
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Died 12-25-38

3. RESIDENCE of FATHER (city, state) Died 3-6-40

4. FULL NAME OF CHILD

Clara Louise Keefer

5. Date of Birth

(Month, day year) Dec. 6, 1895

6. Sex Female

7. Twin or
Triplet

If so - born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME

William W. Keefer

16. FULL MAIDEN NAME

Eldora Virginia Shoe-

11. Color or Race White **12. Age at time of THIS birth** 45 yrs.

17. Color or Race White **18. Age at time of THIS birth** 39 yrs.

13. Birthplace Pleasant Hall, Penna.
(City or town) (State or foreign country)

19. Birthplace Upper Strasburg, Pa.
(City or town) (State or foreign country)

14. Exact Occupation Contractor

20. Exact Occupation Housewife

15. Industry or Business

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6. (b) Born alive and now living 7.
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by , who is related to this child as .
(First name) (Last name)

26. (a) OCT 29 1941 **(b)** Philip S. Keefer
(Date received) (Registrar's signature)

25. Attendant's OWN signature **M.D.**
(D.O., Midwife, etc.)
and address Date

27. Given name added on **by**
(Registrar's signature)

State of Idaho } ss.
County of Bonneville

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Philip S. Keefer, being first duly sworn, say that I am related to Clara Louise Keefer, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. T.C. Willson, who attended said birth, is deceased and that this birth has not been previously recorded.

(Name of person on certificate above) as brother (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. T.C. Willson, who attended said birth, is deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Philip S. Keefer Signature
P. O. Address

Subscribed and sworn to before me on this 22nd day of October, 1941.
(SEAL) Notary Public Notary Public, residing at Idaho Falls, Ida.

JUN 1 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

244-206-035-957

323325

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce OCT 30 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 24 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Doris Katherine Smith 5. Date of Birth (Month, day year) Oct. 6, 1895
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME George A. Smith 16. FULL MAIDEN NAME Alfretta Marie Inghram
11. Color White 12. Age at time of THIS birth 35 yrs. 17. Color White 18. Age at time of THIS birth 26 yrs.
13. Birthplace Quincy Illinois (City or town) (State or foreign country) 19. Birthplace Bangor Maine (City or town) (State or foreign country)
14. Exact Occupation Farmer 20. Exact Occupation Housewife
15. Industry or Business 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)

26. (a) (Date received) (b) (Mother, etc.) (Registrar's signature) 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
27. Given name added on by (Registrar's signature) and address Date

State of Washington ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED
County of King
I, Myrtle M. Smith, being first duly sworn, say that I am Aunt (Related to (or) acquainted with)
Doris Katherine Smith as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. B. Morris (Name of attendant at birth), who attended said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature Myrtle M. Smith P. O. Address Seattle, Wash. 6512-3745
Subscribed and sworn to before me on this 27th day of Oct 1941
(SEAL) Clifford H. Hughes Notary Public, residing at Seattle

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

323381

United States (Be sure the information is as of date of birth of THIS child) State File No. 323381
 Department of Commerce NOV 3 1941 CERTIFICATE OF BIRTH
 Bureau of Census STATE OF IDAHO Local Reg. No. _____
 Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County Canyon (b) City Parma
 (c) Street Address or R.F.D. No. _____
 (d) Name of Hospital or Maternity Home: _____
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home. _____ days.
 IN THIS county 7 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Canyon
 (c) City Parma
 (d) Street Address or R.F.D. No. _____
 (e) How long has MOTHER lived in Idaho? 7 yrs.
 (f) Mother's mailing address Parma Idaho

3. RESIDENCE of FATHER (city, state) Parma Idaho

4. FULL NAME OF CHILD Elta Thomas Martin 5. Date of Birth (Month, day year) February 24, 1898
 7. Twin or Triplet — If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Thomas C. Martin 16. FULL MAIDEN NAME Annis Bradley
 11. Color or Race white 12. Age at time of THIS birth 41 yrs. 17. Color or Race white 18. Age at time of THIS birth 41 yrs.
 13. Birthplace (City or town) Tennessee (State or foreign country) 19. Birthplace (City or town) Iowa (State or foreign country)
 14. Exact Occupation Farmer 20. Exact Occupation House wife
 15. Industry or Business Farmer 21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
 23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3
 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) NOV 3 1941 (b) Mary E Elder 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
 (Date received) (Registrar's signature)
 27. Given name added on _____ by _____ and address _____ Date _____
 (Registrar's signature)

State of Washington } ss.
 County of Spokane

I, Elta M. Baxter, being first duly sworn, say that I am Related (Related to (or) acquainted with)
Elta Thomas Martin as Sister whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Bradley (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 27 day of July 1941
 (SEAL) George A. Bacon Notary Public, residing at Salt Lake City
 Signature Elta M. Baxter Address 1322 Military Road, Seattle, Wash.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-119-008-231

323396

United States (Be sure the information is as of date of birth of THIS child) State File No.
 Department of Commerce NOV 1 1941 CERTIFICATE OF BIRTH Local Reg. No.
 Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Boise (b) State Idaho
 (c) Street Address or R.F.D. No. Garden Valley
 (d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home..... days.
 IN THIS county years month days

4. FULL NAME OF CHILD Raymond Harold Schilling 5. Date of Birth (Month, day year) July 19-1895

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John Henry Schilling Sr.</u>	16. FULL MAIDEN NAME <u>Bertha A. Blank</u>	17. Color <u>German</u>	18. Age at time of THIS birth <u>34</u> yrs.
11. Color <u>German</u>	17. Color <u>German</u>	18. Age at time of THIS birth <u>25</u> yrs.	
13. Birthplace <u>Wemel, Germany</u>	19. Birthplace <u>Germany</u>		
14. Exact Occupation <u>farmer</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum
 23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10 P.M. M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

26. (a) NOV 1 1941 (b) Maury T. Eklund 25. Attendant's OWN signature Chas. Fairchild M.D.
 (Date received) (Registrar's signature) (D.O., Midwife, etc.)
 27. Given name added on..... by..... and address Centerville Ida Date 10/8/41
 (Registrar's signature)

State of OREGON } ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED
 County of MULTNOMAH

I, JOHN HENRY SCHILLING, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with)
RAYMOND HAROLD SCHILLING as FATHER, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended (Name of attendant at birth)

said birth..... and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located) John Henry Schilling Sr. Signature
Portland Ore. P. O. Address

Subscribed and sworn to before me on this 6 day of OCTOBER 1941
 (SEAL) Chas. Fairchild Notary Public, residing at Portland, Oregon

11-4-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

294111-029 386

323444

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce NOV 4 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Latah (b) City Garfield
(c) Street Address or R.F.D. No. R. F. D.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Garfield Washington
(d) Street Address or R.F.D. No. R. F. D.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Garfield, Wash.

3. RESIDENCE of FATHER (City, State) Garfield, Wash.

4. FULL NAME OF CHILD Lawrence Ambrose Simpson 5. Date of Birth (Month, day year) Feb. 11, 1895
6. Sex M. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Alexander Simpson 16. FULL MAIDEN NAME Mina Barclay Thompson
11. Color white 12. Age at time of THIS birth 28 yrs. 17. Color white 18. Age at time of THIS birth 25 yrs.
13. Birthplace Allegheny County, Penn. (City or town) (State or foreign country) 19. Birthplace Allegheny County, Penn. (City or town) (State or foreign country)
14. Exact Occupation Farmer 20. Exact Occupation Housewife
15. Industry or Business 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)
26. (a) (Date received) (b) M. H. Elder (Mother, etc.) (Registrar's signature) 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
27. Given name added on by (Registrar's signature) and address Date

State of Washington } ss.
County of Whitman }

I, Alexander Simpson, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Lawrence Ambrose Simpson as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Eliza Simpson (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.
William R. Edelman (Name of person on certificate above) (Name of Notary Public)
Subscribed and sworn to before me on this 3rd day of November, 1941.
(SEAL) William R. Edelman Notary Public, residing at Garfield

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

MAR 27 1955

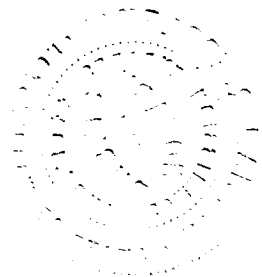
JUN 27 1955

NOV 2 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



663 219 025-269

323639

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

NOV 10 1941
CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county years month days

4. FULL NAME OF CHILD

Clara Wolbert

6. Sex Female 7. Twin or Triplet 1st, 2nd, 3rd If so born

FATHER OF CHILD

10. FULL NAME Joseph M. Wolbert
11. Color or Race White 12. Age at time of THIS birth 42 yrs.
13. Birthplace New Albany Inda
(City or town) (State or foreign country)
14. Exact Occupation Editor & Publisher
15. Industry or Business of the Cottonwood Report

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) Nov 10 - 1941 (b) Mary Elder 25. Attendant's OWN signature M.D.
(Date received) (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on by and address Date
(Registrar's signature)

State of Washington } ss.
County of Franklin

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

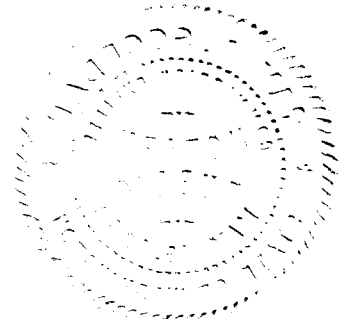
I, Clara Wolbert, being first duly sworn, say that I am mother (Related to (or) acquainted with)
(Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. J. J. Turner (Name of attendant at birth), who attended said birth 15 Nov DECEASED and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Ida E. Wolbert Signature
1214 16 North O. Address
Subscribed and sworn to before me on this 5th day of November 1941
(SEAL) Ray A. Seordam Notary Public, residing at Seattle

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

236 118 004 632

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

323710

OCT 29 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH:
(a) County... Bear Lake (b) City... Fish Haven
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
at my home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home..... days.
In THIS county..... years..... months..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State... Idaho (b) County... Bear Lake
(c) City... Fish Haven
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?..... yrs.
(f) Mother's mailing address... Fish Haven
3. RESIDENCE OF FATHER (city, state)... Idaho

4. FULL NAME OF CHILD Sidney Richard Stock

5. Date of Birth (Month, day, year) 12-18-1895

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mos 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME John William Edwin Stock
11. Color or Race White 12. Age at time of THIS birth 56 yrs.
13. Birthplace Port Elizabeth South Africa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

16. FULL MAIDEN NAME Clara V. Olsen
17. Color or Race White 18. Age at time of THIS birth 22 years
19. Birthplace Helsingborg Sweden
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 4
(c) Born alive and now dead 3 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at 11:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Clara V. Olsen Stock who is related to this child as Mother
(born alive, stillborn) (First name) (Last name)
(Mother, etc.)

26. (a) (Date received) (b) Marv E. Eider
(Registrar's signature)
27. Given name added on..... by.....
(Registrar's signature)

25. Attendant's OWN signature..... M.D. or (D.O., Midwife, etc.)
and address Date

State of Utah
County of Cache } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sidney Richard Stock, being first duly sworn, say that I am related to his mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Martha Shirley, who attended said birth as midwife is deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Clara V. Stock X Name
Fish Haven, Idaho P. O. Address

Subscribed and sworn to before me on this 6 day of November

(SEAL)

M. E. Hanna Notary Public, residing at Logan Utah

(1987 Senate Laws Chapter 102, Section 4)

Where the birth of a child has occurred prior to the effective date of Chapter 191, 1911 Session Laws, has not been reported, or in case of failure to report any birth which has occurred subsequent to such date, and which may be reported and filed by the duly authorized person making the payment of vital statistics for the purpose and under provisions of Chapter 2, Title 10, General Laws, and which shall report be accompanied by a declaration of the attending physician or person to whom affidavits of the father or mother of the child, or of the father, or mother of the child is living or deceased, or of the nearest of kin or guardian, or some person having direct knowledge in the absence



279 227001-249

323784

323784

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

NOV 17 1941

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.
3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** VERA MAY SPRINGER
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

5. Date of Birth of Child
(Month, day, year) 3/27/1895

FATHER OF CHILD
10. **FULL NAME** Harvey Henry Springer
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Franklin County, Maine
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Lumber Yard

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Viola Burtch
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Clarksville, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
State of Idaho County of Ada } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 46 years, and that Dr. Warren D. Springer, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viola Springer Randall Signature
505 S. 3d St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of November, 19 41
(SEAL) Dr. W. D. Springer Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1941 by Mabel E. Eifer, Registrar.

NOV 13 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619 110 014 449

323811

323811

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City ampa
(c) Street Address or R.F.D. No. Kurtz Add.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City ampa
(d) Street Address or R.F.D. No. Kurtz Add.

(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) ampa, Idaho

5. Date of Birth of Child
(Month, day, year) June 10, 1895

4. FULL NAME OF CHILD George Martin Warner

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Warner
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Evansville Indiana
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ellen Dureau
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace White Es. New Mexico
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 46 years, and that pre S. Kohler, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Warner Signature
1204 4th Street North P. O. Address

Subscribed and sworn to before me this 20th day of November, 1941
(SEAL) Maud Henry Notary Public, residing at ampa Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 25-1941 by Maud Henry, Registrar.

NOV 25 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

433 105 035 281

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 17 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323844

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Nez Perce (b) City near Leland
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:

At home

- (e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home days

IN THIS county 5 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Nez Perce

- (c) City near Leland

- (d) Street Address or R.F.D. No. None

- (e) How long has MOTHER lived in Idaho? 5 yrs.

- (f) Mother's mailing address Leland, Idaho

3. RESIDENCE of FATHER (city, state) Leland, Idaho

4. FULL NAME OF CHILD

LORNE MELVIN McCallister

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

5. Date of Birth

(Month, day year) August 5, 1895

FATHER OF CHILD

10. FULL NAME

William Elmer McCallister

11. Color or Race White 12. Age at time of THIS birth Thirty yrs.

13. Birthplace North Vernon, Indiana
(City or town) (State or foreign country)

14. Exact Occupation Road Supervisor in Nez Perce Co.

15. Industry or Business Supervisor Idaho

MOTHER OF CHILD

16. FULL MAIDEN NAME

Sallie Shanklin

17. Color or Race White 18. Age at time of THIS birth 26 yrs.

19. Birthplace near Dresden, Indiana
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Homemaker

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

and at the place stated above, and that personal particulars were furnished by at, who is related to this child as (First name) (Last name)

26. (a) NOV 17 1941 (b) Melvin J. McCallister
(Date received) (Registrar's signature)

25. Attendant's

OWN signature M.D.

27. Given name added on by
(Registrar's signature)

and address Date

State of California } ss.
County of Tulare

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Sallie S. McCallister

, being first duly sworn, say that I am related to

(Related to (or) acquainted with)

Lorne Melvin McCallister

as mother

(State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah Hecknor, nurse, who attended

said birth is now deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Sallie S. McCallister Signature

R.F.D. 3, Box 243, Tulare, California P. O. Address

Subscribed and sworn to before me on this 13 day of November, 1941

Notary Public, State of California

Notary Public, residing at Tulare City

NOV 18 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

818 228 035-951

323852

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce NOV 17 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Nez Perce (b) City Leland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home..... days.
IN THIS county 8 years month days

4. FULL NAME OF CHILD Mary Hayward

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Frank Hayward
11. Color or Race White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Postville Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Nez Perce
(c) City Leland
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.
(f) Mother's mailing address Leland, Idaho

3. RESIDENCE of FATHER (city, state) Leland, Idaho

5. Date of Birth (Month, day year) April 28, 1895

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Angeline Reavis
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Colecamp, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

26. (a) NOV 17 1941 (b) Mary E. Walker 25. Attendant's
(Date received) (Registrar's signature) OWN signature..... M.D.
(D.O., Midwife, etc.)
27. Given name added on..... by..... and address..... Date.....
(Registrar's signature)

State of CALIFORNIA } ss.
County of SAN DIEGO

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, MARY ANGELINE HAYWARD, being first duly sworn, say that I am..... related.....
MARY HAYWARD BROOKE as MOTHER, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Walker, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mary Angeline Hayward Signature
5449 S. ... Tacoma, Washington P. O. Address

Subscribed and sworn to before me on this 8th day of November, 1941
(SEAL) Agnes O. Walker Notary Public, residing at Fullbrook, Cal.
My Commission Expires Feb. 14, 1945

NOV 18 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-219-029-843

323931

United States ^(Be sure the information is as of date of birth of THIS child) State File No.
 Department of Commerce ^{NOV 18 1941} Local Reg. No.
 Bureau of Census ^{RECEIVED} STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Latah (b) City May Kendrick 2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State Idaho (b) County Latah (c) City Kendrick (d) Street Address or R.F.D. No.
 (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days IN THIS county years month days (e) How long has MOTHER lived in Idaho? 3 yrs. (f) Mother's mailing address Pick, Idaho 3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Bessie Louise Warren 5. Date of Birth Feb. 19, 1895 (Month, day year) 6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD 10. FULL NAME Claron Smith Warren 16. FULL NAME Mary Ramsey Hutchinson 11. Color White 12. Age at time of THIS birth 49 yrs. 17. Color White 18. Age at time of THIS birth 27 yrs. 13. Birthplace Haverhill, Mass. (City or town) (State or foreign country) 19. Birthplace Prince Edward Island, Canada (City or town) (State or foreign country) 14. Exact Occupation Butcher 20. Exact Occupation Hotel Keeper 15. Industry or Business Meat Market 21. Industry or Business Hotel

22. Name prophylactic used to prevent Ophthalmia Neonatorum None 23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive, stillborn at May Kendrick M. on the date Nov 18 1941 and at the place stated above, and that personal particulars were furnished by Mary Warren, who is related to this child as mother (First name) (Last name)

26. (a) NOV 18 1941 (Date received) (b) Mary Warren (Mother, etc.) (Registrar's signature) 25. Attendant's OWN signature Mary Warren M.D. (D.O., Midwife, etc.) and address Pick, Idaho Date Nov 18 1941

State of Idaho County of May Kendrick ss. I, Mary Warren, being first duly sworn, say that I am related (Related to (or) acquainted with) Bessie Louise Warren as mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Whalenberg, who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this 18th day of November 1941. Notary Public, residing at Pick, Idaho (SEAL) George H. Moore Signature George H. Moore P. O. Address Pick, Idaho

11-19-41
AUG 31 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

443-129-228-142

323938

United States (Be sure the information is as of date of birth of THIS child) State File No. 323938
 Department of Commerce NOV 18 1941 CERTIFICATE OF BIRTH
 Bureau of Census STATE OF IDAHO Local Reg. No.
 Reg. Dist. No.

1. PLACE OF BIRTH RECEIVED
 (a) County Kootenai (b) City Rathdrum
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home: Born in residence of parents
 (e) Mother's stay BEFORE delivery: 15 yrs.
 In Hosp. or Mat. Home days
 IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Kootenai
 (c) City Rathdrum
 (d) Street Address or R.F.D. No.
 (e) How long has MOTHER lived in Idaho? 15 yrs.
 (f) Mother's mailing address Rathdrum

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Henry Clay Mulkins 5. Date of Birth (Month, day year) 1-29-1895
 6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD
 10. FULL NAME Iowa Shipley Mulkins 11. Color White 12. Age at time of THIS birth 40 yrs.
 13. Birthplace Burlington Iowa (City or town) (State or foreign country)
 14. Exact Occupation Farmer
 15. Industry or Business

16. FULL MAIDEN NAME Mary Evelyn Adkins 17. Color White 18. Age at time of THIS birth 22 yrs.
 19. Birthplace Neosho Missouri (City or town) (State or foreign country)
 20. Exact Occupation Housewife
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
 23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by at, who is related to this child as (First name) (Last name)

26. (a) NOV 18 1941 (b) Mary I. Edger 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
 (Date received) (Registrar's signature)
 27. Given name added on RECEIVED by at and address Date
 (Registrar's signature)

State of Oregon } ss.
 County of Lincoln }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Evelyn (Mulkins) Nodel, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Henry Clay Mulkins as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Matilda Martin (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Mrs Mary Evelyn Nodel Signature
Box 553, Toledo, Oregon P. O. Address

Subscribed and sworn to before me on this 14th day of November, 1941
 (SEAL) Nels Peterson Notary Public, residing at Toledo, Oregon

My commission expires June 16, 1944.

AUG 10 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 21 1961

nov. 7/4/Pd. 27060 no.

366-228-016-619

323941

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Cassia (b) City Ward
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: None
In Hosp. or Mat. Home. days. None
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Ward
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address Ward, Idaho

3. RESIDENCE of FATHER (city, state) Ward, Idaho

4. FULL NAME OF CHILD Alice Irene Lowe 5. Date of Birth (Month, day year) 5-28-1895
6. Sex female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME John Lowe 16. FULL MAIDEN NAME Ann E. Ward
11. Color or Race Anglo Saxon 12. Age at time of THIS birth 43 yrs. 17. Color or Race Anglo Saxon 18. Age at time of THIS birth 39 yrs.
13. Birthplace Ashton, Lancaster Co. England 19. Birthplace Willard, Utah
(City or town) (State or foreign country) (City or town) (State or foreign country)
14. Exact Occupation Farmer 20. Exact Occupation Housewife
15. Industry or Business Farmer 21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8
(c) Born alive and now dead None (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 9 A. M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by John L. we, who is related to this child as father (First name) (Last name)

26. (a) NOV 19 1941 (b) Mary E. Lowe 25. Attendant's OWN signature M.D.
(Date received) (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on by by and address Burley, Idaho Date

State of Idaho } ss.
County of Cassia
I, S. T. Lowe, being first duly sworn, say that I am related
Alice Irene Lowe as brother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mary Lowe, midwife, who attended said birth deceased. (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Subscribed and sworn to before me on this 18 day of November 1941
(SEAL) J. E. Haskell Notary Public, residing at Burley, Idaho

Signature
P. O. Address

MAR 31 1960

17-17-11

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

323998

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 554 S. Main
(d) Name of Hospital or Maternity Home:
In the Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 554 S. Main
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state Pocatello, Idaho)

4. FULL NAME OF CHILD

Emily Selinia Golding

5. Date of Birth of Child

(Month, day, year) March 26, 1895

6. Sex

Female

7. Twin or

Triplet no

If so—born

1st, 2nd, 3rd

no

8. No. months

of Pregnancy

9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL

NAME Charles Thomas Golding

11. Color

White

12. Age at time

of THIS birth 27 yrs.

13. Birthplace

Birmingham, England

(City or town)

(State or foreign country)

14. Exact

Occupation

Salesman

15. Industry or

Business

Horseley Lumber Co.

MOTHER OF CHILD

16. FULL MAIDEN

NAME Josephine Marie Droubay

17. Color

White

18. Age at time

of THIS birth 29 yrs.

19. Birthplace

Salt Lake City, Utah

(City or town)

(State or foreign country)

20. Exact

Occupation

Housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
in Item 4 above, that I am now 75 years of age, that I have known this person for 15 years, and that

Dr. Brown (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 18 day of November, 1941

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 21 1941 by Marj E. Egan, Registrar.

NOV 24 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 24 1941

958-220-035-381

324000

United States (Be sure the information is as of date of birth of THIS child) State File No.
 Department of Commerce, Bureau of Census CERTIFICATE OF BIRTH Local Reg. No.
 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County <u>Nez Perce</u> (b) City <u>Lewiston</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. _____ days. IN THIS county _____ years _____ month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Lewiston</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>2</u> yrs. (f) Mother's mailing address <u>Deceased</u>	
4. FULL NAME OF CHILD <u>Florence Abbie Regua</u>		5. Date of Birth (Month, day year) <u>6-20-1895</u>	
6. Sex <u>Female</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes.</u>	
FATHER OF CHILD 10. FULL NAME <u>William Markness Regua</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>35</u> yrs. 13. Birthplace <u>Ashkosh Wis.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Jeweler</u> 15. Industry or Business <u>Goldsmith + Jeweler</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Gennie Etta Chandler</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>34</u> yrs. 19. Birthplace <u>Machias Maine</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____ 23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>3</u> (c) Born alive and now dead <u>3</u> (d) Stillborn _____			
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)			
26. (a) <u>NOV 18 1941</u> (Date received) (b) <u>Mabel E. Fisher</u> (Mother, etc.) Registrar's signature		25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____	
27. Given name added on _____ by _____ (Registrar's signature)			

State of Oregon } ss.
 County of Multnomah

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Juanita M. Davis, being first duly sworn, say that I am Sister (Related to (or) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended said birth _____ and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 5th day of November, 1941
 (SEAL) _____ Notary Public, residing at Portland Ore.

Comm. expires Jan. 17, 1944,

1940

NOV 22 1940

NOV 22 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 22 1940

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

574 111029962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 24 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

325049

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Viola
(c) Street Address or R.F.D. No. In County to North
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: 2 years 9 months days
IN THIS county

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Near Viola
(d) Street Address or R.F.D. No. 4 of mile North
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

4. **FULL NAME OF CHILD** Charles Rudolph Elder

5. Date of Birth of Child
(Month, day, year) Dec. 11, 1895

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Daniel O'Connell Elder
11. Color White 12. Age at time 40
or Race of THIS birth yrs.
13. Birthplace Killwinning, Missouri
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Estella Ross
17. Color white 18. Age at time 29
or Race of THIS birth yrs.
19. Birthplace Plaines, Pennsylvania
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 45 years, and that Mrs. Tom Scott, midwife who attended this birth cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Estella Ross, E. Elder Signature
2089 Potter St., Eugene, Oregon P.O. Address

Subscribed and sworn to before me this 21 st day of November, 1941.

(SEAL) D. T. Bayley Notary Public, residing at Eugene, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My Com. exp. 12/29/42)

Received for filing on NOV 24 1941 by Marion H. Elder Registrar.

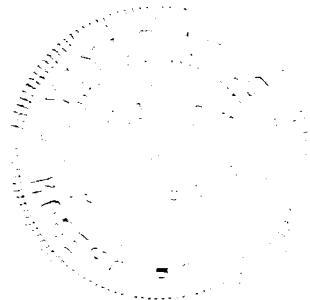
NOV 26 1941

MAR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

259 123 044 259

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **325079**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. at
(d) Name of Hospital or Maternity Home: ^

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD Roy B Snider

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME John Michael Snider
11. Color white 12. Age at time of THIS birth 37 yrs.

13. Birthplace Cleveland Ohio
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business _____

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? 52 yrs.
(f) Mother's mailing address 455-8-main

3. RESIDENCE of FATHER (city, state) now deceased

5. Date of Birth (Month, day year) Aug 23-1895

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Melissa F Snider
17. Color White 18. Age at time of THIS birth 33 yrs.

19. Birthplace Bushnell Illinois
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) _____, who is related to this child as _____ (First name) (Last name)

26. (a) NOV 26 1941 (Date received) (b) Melissa F Snider (Mother, etc.) (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____

State of Idaho ss.
County of Washington

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Melissa Florence Snider, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 130, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Melissa Florence Snider Signature

Subscribed and sworn to before me on this Nov. day of Nov. 1941
(SEAL) F. B. Lloyd Notary Public, residing at Weiser

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819-126-203-313

325367

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

DEC 3 1941

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Soda Springs</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Soda Springs</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>41</u> yrs.	
4. FULL NAME OF CHILD <u>Fred Elmer Harding</u>		3. RESIDENCE OF FATHER (city, state) <u>Soda Springs, Idaho</u>	
6. Sex <u>Male</u>		5. Date of Birth of Child (Month, day, year) <u>April 26, 1895</u>	
7. Twin or Triplet		8. No. months of Pregnancy	
9. Legitimate? <u>yes</u>			
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Edward Grant Harding</u>		16. FULL MAIDEN NAME <u>Alice Elmyra Call</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>27</u> yrs.		18. Age at time of THIS birth <u>19</u> yrs.	
13. Birthplace <u>Maysville Kentucky</u> (City or town) (State or foreign country)		19. Birthplace <u>Soda Springs Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Midwife _____ Address _____ Date _____

State of Washington } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Spokane

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for _____ years, and that Rosa Louise Call, who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward G Harding Signature
422-1651 Clarkston P. O. Address
Subscribed and sworn to before me this 2d day of Dec, 1941.
(SEAL) Burt C Halsey Notary Public, residing at Clarkston
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1941 by Mary E. Egan Registrar.

JUN 10 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8/3-205-035-854

325401

United States **Secure** Information is as of date of birth of THIS child) State File No. **325401**
Department of Commerce **DEC 3 1941** **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of Census **Lot 3 Black 4 Mulkeys Addition Dwelling** Reg. Dist. No.

1. PLACE OF BIRTH **House between Cagney and** USUAL RESIDENCE of MOTHER (At time of this birth)
(a) County **Nezperce** (b) City **Leaviston** (a) State **Idaho** (b) County **Nezperce**
(c) Street Address or R.F.D. No. **Hotel above Jefferson** (c) City **Leaviston** (d) Street Address or R.F.D. No. **see above**
(d) Name of Hospital or Maternity Home: **No hospital or Maternity Home - At Home** (e) How long has MOTHER lived in Idaho? **4** yrs.
(e) Mother's stay BEFORE delivery: **see above**
(f) Mother's mailing address: **see above**
IN THIS county years **8** month **4** days

4. FULL NAME OF CHILD **Helen Grace Halstead** 5. Date of Birth (Month, day year) **Dec 5, 1895**
6. Sex **Female** 7. Twin or Triplet **—** If so—born 1st, 2nd, 3rd **—** 8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD
10. FULL NAME **Charles Barton Halstead**
11. Color **White** 12. Age at time of THIS birth **41** yrs.
13. Birthplace **Near Springfield Oregon** (City or town) (State or foreign country)
14. Exact Occupation **Bookkeeper**
15. Industry or Business **Lumber**

MOTHER OF CHILD
16. FULL MAIDEN NAME **Marie Sophie Hedum**
17. Color **White** 18. Age at time of THIS birth **28** yrs.
19. Birthplace **Sandviken, Norway** (City or town) (State or foreign country)
20. Exact Occupation **Housekeeper**
21. Industry or Business **—**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **Not known**
23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **2**
(c) Born alive and now dead **None** (d) Stillborn **None**

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) **Dec 1 - 1941** (b) **Marie Halstead** 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
(Date received) (Registrar's signature) and address _____ Date _____
27. Given name added on _____ by _____ (Registrar's signature)

State of **California** } ss. **AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED
County of **Los Angeles**

I, **Mrs. Marie Halstead Feild**, being first duly sworn, say that I am **related to** **Helen Grace Halstead** as **mother** (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth **deceased** (Name of attendant at birth) (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Marie Halstead Feild Signature
Ashland, Montana P. O. Address
Subscribed and sworn to before me on this **18th** day of **November** 19 **41**
(SEAL) **Emily M. Locke** Notary Public, residing at **Torrance, Calif.**

12-4-21

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-213-228-663

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

325431

CERTIFICATE OF BIRTH

Local Reg. No.

STATE OF IDAHO

Reg. Dist. No.

DEC 4 1941

1. PLACE OF BIRTH

(a) County Postenai (b) City Coeur d'Alene

(c) Street Address or R.F.D. No. Carlson Bay

(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. days.

In THIS county 1 years month days.

4. FULL NAME OF CHILD

Dora Whelminna Kruger

6. Sex Female

7. Twin or Triplet

If so born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Paul Charles Kruger

11. Color or Race

White

12. Age at time of THIS birth 32 yrs.

13. Birthplace

Stetin Germany

(City or town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mathilda J. Wolter

17. Color or Race

White

18. Age at time of THIS birth 28 yrs.

19. Birthplace

Detroit, Mich.

(City or town) (State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10:00 A.M. on the date Dec 4 1941 and at the place stated above, and that personal particulars were furnished by Paul Charles Kruger who is related to this child as Father (First name) (Last name)

26. (a)

(Date received)

(b)

(Mother, etc.)

(Registrar's signature)

25. Attendant's

OWN signature

Father

10 Cherry St Santa Cruz

and address

California

(D.O., Midwife, etc.)

Date Dec 2 1941

27. Given name added on by

(Registrar's signature)

State of California

County of Santa Cruz

ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Paul Charles Kruger, being first duly sworn, say that I am father of Dora Whelminna Kruger, Married name Hill. (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no one else attended said birth. Her mother is dead and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Paul Charles Kruger Signature

10 Cherry St. Santa Cruz Calif. P. O. Address

Subscribed and sworn to before me on this 2nd day of December, 1941

(SEAL)

John H. Leonard

Notary Public, residing at Santa Cruz, Cal.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 33, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 5 1941

446-225 001-413

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

325489
State File No.
Local Reg. No.
Reg. Dist. No.

DEC 5 1941

1. PLACE OF BIRTH

(a) County Ada (b) City Boise
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
Private Home - 624 Washington
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month 10 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Nampa Ida.

3. RESIDENCE OF FATHER (city, state) Nampa Ida

4. FULL NAME OF CHILD Eva Maude Duffes

6. Sex Girl 7. Twin or Triplet _____ if so—born 1st, 2nd, 3rd

5. Date of Birth
(Month, day year) May 25, 1895

8. No. months of Pregnancy _____ 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Piston Warren Duffes

11. Color or Race White 12. Age at time of THIS birth 27 yrs.

13. Birthplace Burlington, Ontario, Canada
(City or town) (State or foreign country)

14. Exact Occupation _____
15. Industry or Business Mining Man.

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude Belle Duff Patchiff

17. Color or Race White 18. Age at time of THIS birth 18 yrs

19. Birthplace Portland Me. - Indiana
(City or town) (State or foreign country)

20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

DEC 5 1941

26. (a) _____ (Date received) (b) Maude Duffes (Mother, etc.)
(Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Maude Belle Duffes, being first duly sworn, say that I am related Eva Maude Duffes as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bowers, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature Maude Belle Duffes
P. O. Address Nampa, Idaho
Subscribed and sworn to before me on this 3rd day of December, 1941.
(SEAL) John G. Cannon Notary Public, residing at Nampa, Idaho

JUN 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

962-229-006-255

325512

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO DEC 8 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Idaho Falls Ida.</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Utah</u> (b) County <u>Bingham</u> (c) City <u>Provo</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>visiting her mother</u> yrs.	
4. FULL NAME OF CHILD <u>Gola Bennett Roberts Taylor</u>		5. Date of Birth of Child (Month, day, year) <u>April 29, 1895</u>	
6. Sex <u>Female</u>		8. No. months of Pregnancy <u>7</u>	
7. Twin or Triplet		9. Legitimate? <u>Yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Dermont Homer Roberts</u>		16. FULL MAIDEN NAME <u>Bennett</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>26</u> yrs.		18. Age at time of THIS birth <u>21</u> yrs.	
13. Birthplace <u>Provo City, Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>Holden, Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Court Reporter</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
 23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
 (Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of California
 County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 46 years, and that now deceased who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires **January 25, 1943**

Subscribed and sworn to before me this 3rd day of December, 1941
 (SEAL) Josephine A. Miller Notary Public, residing at Los Angeles Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 8 1941 by Marcel F. E. Lef, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

+ 954-107103-653

325566

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County.....Bannock..... (b) City.....Pocatello.....
(c) Street Address or R.F.D. No.....803 S. Main.....
(d) Name of Hospital or Maternity Home:
.....At Home.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State.....Idaho..... (b) County.....Bannock.....
(c) City.....Pocatello.....
(d) Street Address or R.F.D. No.....803 S. Main.....
(e) How long has **MOTHER** lived in Idaho?.....15 yrs.
3. RESIDENCE OF FATHER (city, state) Pocatello, Ida

4. FULL NAME OF CHILD.....John Domnick Reddy.....
6. Sex Male
7. Twin or Triplet
8. No. months of Pregnancy 9
9. Legitimate? Yes

5. Date of Birth of Child
(Month, day, year).....October, 7, 1895.....

FATHER OF CHILD
10. FULL NAME.....John Reddy.....
11. Color or Race.....White..... **12. Age at time of THIS birth**.....41.....yrs.
13. Birthplace.....Roscommon Ireland.....
(City or town) (State or foreign country)
14. Exact Occupation.....Laborer.....
15. Industry or Business.....Railroad.....

MOTHER OF CHILD
16. FULL MAIDEN NAME.....Mary Welsh.....
17. Color or Race.....White..... **18. Age at time of THIS birth**.....30.....yrs.
19. Birthplace.....Roscommon Ireland.....
(City or town) (State or foreign country)
20. Exact Occupation.....Housewife.....
21. Industry or Business.....- - -.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....?.....
23. Number of children of this mother: (a) At time of birth and including this child.....4..... (b) Born alive and now living.....4.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature.....**M.D. Midwife**.....**Address**.....**Date**.....

State of.....Idaho.....
County of.....Bannock.....} ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Brother.....of the person whose name appears
in Item 4, above, that I am now.....56.....years of age, that I have known this person for.....46.....years, and that
.....Dr. J. H. Bean....., who attended this birth.....Deceased..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Thomas Lawrence Reddy
.....323 West Lovejoy St. Pocatello, Ida......**P. O. Address**

Subscribed and sworn to before me this.....15th.....day of.....December....., 1941.....
(SEAL).....*Clare Bowen*.....**Notary Public, residing at Pocatello, Ida.**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....Dec 18 - 1941.....by.....*Malv F. Elder*....., Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

395-102-001-864

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **325580**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: at home
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Mer. Ada Co

4. FULL NAME OF CHILD Jesse Antoin Lingenfelter
6. Sex male
7. Twin or Triplet _____ I so—born _____
1st, 2nd, 3rd _____

3. RESIDENCE OF FATHER (city, state) same
5. Date of Birth _____
(Month, day year) June 2 - 1895
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Jesse Lingenfelter
11. Color white 12. Age at time of THIS birth 42 yrs.
13. Birthplace St Joseph Missouri
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Effie Mary Emma Young
17. Color white 18. Age at time of THIS birth 40 yrs.
19. Birthplace St Joseph Missouri
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2
(c) Born alive and now dead 2 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) Dec 10 - 1941 (b) Mary Heffer
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____
(D.O., Midwife, etc.)
and address _____ Date _____

State of Calif
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Chas H. Linn, being first duly sworn, say that I am brother of Jesse Antoin Lingenfelter as _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Hall (Name of attendant at birth) said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Chas H Linn formerly Lingenfelter Signature
640 So Summer Ave R. 2 P. O. Address

Subscribed and sworn to before me on this 22nd day of November, 1941
(SEAL) Mary Hansen Notary Public, residing at Los Angeles Calif

DEC 10 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

FEB 20 1952

314 119 001 212

325720

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census DEC 11 1941 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>Idaho State</u> (d) Name of Hospital or Maternity Home: <u>Penitentiary</u> <u>None</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. _____ days. IN THIS county <u>2</u> years — month — days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>State Penitentiary</u> (e) How long has MOTHER lived in Idaho? <u>10</u> yrs. (f) Mother's mailing address <u>Boise</u>	
4. FULL NAME OF CHILD <u>John Parsons Campbell</u>		5. Date of Birth (Month, day year) <u>Sept. 19 1895</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>John "P" Campbell</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>42</u> yrs. 13. Birthplace <u>Big Beaver, Mich.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Warden State Penitentiary</u> 15. Industry or Business <u>Same</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mattie Fanning Baker</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>Marco Indiana</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Same</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>UNKNOWN</u> 23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u> (c) Born alive and now dead <u>None</u> (d) Stillborn <u>None</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)			
26. (a) DEC 11 1941 (Date received)		(b) [Signature] (Registrar's signature)	
27. Given name added on _____ by _____ (Registrar's signature)		25. Attendant's OWN signature _____ (D.O., Midwife, etc.) and address _____ Date _____	

State of California } ss.
 County of Los Angeles
 I, Mattie F. Campbell, being first duly sworn, say that I am related to
John Parsons Campbell as mother
 (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hollister, who attended said birth is now deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)
Mattie F. Campbell Signature
412 N. San Dimas Ave. San Dimas, Calif. P. O. Address
 Subscribed and sworn to before me on this 2nd day of December, 1941
 (SEAL) Jay C. [Signature] Notary Public, residing at San Dimas, Calif.
 My Commission Expires July 10, 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

12-15-41

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

993123003 813

325765

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

DEC 12 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH

(a) County Damascus (b) City POCATELLO
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD

GEORGE HOWARD RITTER

5. Date of Birth

(Month, day year) JUNE 23, 1895

6. Sex MALE

7. Twin or Triplet

NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME

NICHOLAS D. RITTER

11. Color or Race WHITE

12. Age at time of THIS birth. yrs.

13. Birthplace LACROSSE WIS.
(City or town) (State or foreign country)

14. Exact Occupation RAILROAD YARDMASTER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

CARRIE YACKLE

17. Color or Race WHITE

18. Age at time of THIS birth. 29 yrs.

X19. Birthplace Quincy Illinois
(City or town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child. 2 (b) Born alive and now living. 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) DEC 12 1941 (b) Mabel Helder
(Date received) (Registrar's signature)

25. Attendant's OWN signature M.D.
(D.O., Midwife, etc.)

27. Given name added on by
(Registrar's signature)

and address Date

State of COLORADO } ss.
County of DENVER

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, CARRIE RITTER, being first duly sworn, say that I am MOTHER (RELATED)
GEORGE HOWARD RITTER as MOTHER
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor unknown who attended

said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

x Carrie Ritter Signature

Subscribed and sworn to before me on this 6th day of December, 1941

(SEAL)

Paul C. Cook

Notary Public, residing at Denver City

P. O. Address

My commission expires 10/5/44

and county, Colo.

DEC 30 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **325854**
Local Reg. No.
Reg. Dist. No.

DEC 15 1941

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 48 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Frank Edward Lockhart

5. Date of Birth of Child
(Month, day, year) July 3 1895

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Alexander Lockhart
11. Color White 12. Age at time of THIS birth yrs.
13. Birthplace Buffalo New York
(City or town) (State or foreign country)
14. Exact Occupation Dentist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Crooks
17. Color White 18. Age at time of THIS birth yrs.
19. Birthplace Grangeville Idaho
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Coos } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 46 years, and that
(Don't know) who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARIAL COMMISSION EXPIRES

Mabel C. Waterman Signature

May 7 1942 P. O. Address

Subscribed and sworn to before me this 13th day of December, 1941

(SEAL) John Wilson Notary Public, residing at Bandon, Oregon

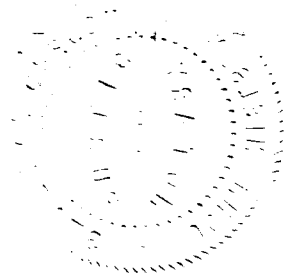
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 15 1941 by Mabel E. Egan Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



269 111 003-155

326025

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

DEC 15 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

(a) County BANNOCK (b) City LAFR
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

~~In Hosp. or Mat. Home~~ _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State IDAHO (b) County BANNOCK
(c) City LAFR
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 21 yrs.
(f) Mother's mailing address LAFR IDAHO

3. RESIDENCE of FATHER (city, state) LAFR IDAHO

4. FULL NAME OF CHILD

Elmer "H" SORENSEN

5. Date of Birth

(Month, day, year) FEB. 11, 1895

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME

John Sorensen

11. Color or Race white

12. Age at time of THIS birth 24 yrs.

13. Birthplace

MANTI UTAH
(City or town) (State or foreign country)

14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

MARY JOHANNA JENSEN

17. Color or Race white

18. Age at time of THIS birth 21 yrs.

19. Birthplace

OVID IDAHO
(City or town) (State or foreign country)

20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) DEC 15 1941 (Date received)

(Mother, etc.)
(b) Mary J Lee (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature

(D.O., Midwife, etc.)
and address _____ Date _____

State of California } ss.
County of San Diego

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary J Lee, being first duly sworn, say that I am related to (Related to (or) acquainted with) Elmer H Sorensen as mother (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no one (Name of attendant at birth) who attended said birth and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 10th day of December, 1941
My (SEAL) _____
J. Barker

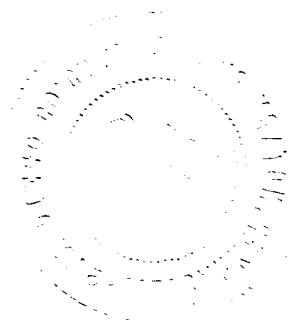
Mary J Lee * Signature
1941 _____ P. O. Address
San Diego Cal.
Notary Public, residing at San Diego Cal.

DEC 19 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **327170**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Almo
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
Mia wife (Cassia)
(e) Mother's stay **BEFORE** delivery:
IN THIS county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Almo
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Almo, Idaho
5. Date of Birth of Child
(Month, day, year) 10/19/95

4. **FULL NAME OF CHILD** Sim Richardson
7. Twin or Triplet twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Warren Richardson
11. Color white 12. Age at time of THIS birth 44 yrs.
13. Birthplace Potawatoma, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Eliza Singleton
17. Color white 18. Age at time of THIS birth 44 yrs.
19. Birthplace St. Louis, Mo.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of Idaho } ss.
County of Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 44 years, and that Mrs. F. J. (name) who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Jessie Coe Signature
1918 P. O. Address

Subscribed and sworn to before me this 27 day of Dec. 19 41
(SEAL) J. L. Hill Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 27, 1941 by Lyde A. Bridges Registrar.

DEC 27 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



359-212-025-331

327289

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 20 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Harpster
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Harpster
(d) Street Address or R.F.D. No. ---
(e) How long has **MOTHER** lived in Idaho? 15 years

3. RESIDENCE OF FATHER (city, state) Harpster Idaho

4. FULL NAME OF CHILD ELTA VARETTA TERNAN

5. Date of Birth of Child (Month, day, year) Feb 12 1895

6. Sex F **7. Twin or Triplet** no **If so—born** 1st, 2nd, 3rd **8. No. months of Pregnancy** 9 **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME Issac Carlaw Ternan
11. Color or Race W **12. Age at time of THIS birth** 28 yrs.
13. Birthplace Arthur, Ontario, Canada
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Clark
17. Color or Race W **18. Age at time of THIS birth** 26 yrs.
19. Birthplace Douglas, Ontario Canada
(City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum --
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss.
County of Pierce

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 73 years, and that Mrs. Thomas Surridge, who attended this birth now deceased, I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Clark Ternan Signature
Ohop, Wash. P. O. Address

Subscribed and sworn to before me this 18th day of Dec., 1941
(SEAL) Jessie A. Stone Notary Public, residing at Orting.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 27 1941 by Clayde A. Bridger Registrar.

DEC 27 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-123-001-293

327293

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

DEC 19 1941

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Idaho (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county years months 4 days

4. FULL NAME OF CHILD

John Carl Setchell

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME

John Joseph Setchell

11. Color or Race

White

12. Age at time of THIS birth

25 yrs.

13. Birthplace

(City or town)

Pennsylvania (State or foreign country)

14. Exact Occupation

Switchman

15. Industry or Business

Union Pacific R.R.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of California
County of San Bernardino } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in item 4, above, that I am now 48 years of age, that I have known this person for 46 years, and that unknown person, who attended this birth cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John A. Setchell Signature

1528 E. Broadway P. O. Address

Subscribed and sworn to before me this 9th day of December, 1941, San Gabriel Calif

(SEAL)

Edna R. Ege

Notary Public, residing at Upland, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 19 1941 by Glyde A. Bridger Registrar.

DEC 27 1911

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

432-101-0 22-813

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **327376**
Local Reg. No. _____
Reg. Dist. No. _____

DEC 17 1941

1. PLACE OF BIRTH

(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: my own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City near St Anthony
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 17 yrs.
(f) Mother's mailing address Vernon, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD

Charles Arthur McBee

5. Date of Birth

(Month, day year) June 1st, 1895

6. Sex male

7. Twin or Triplet

no

If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy

9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Samuel Robinson McBee

11. Color or Race

white

12. Age at time of THIS birth

41 yrs.

13. Birthplace

(City or town) Idaho (State or foreign country)

14. Exact Occupation

farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Bessie Jane Hatfield

17. Color or Race

white

18. Age at time of THIS birth

36 yrs

19. Birthplace

(City or town) near Centerville, Idaho (State or foreign country)

20. Exact Occupation

housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7

(b) Born alive and now living 7

(c) Born alive and now dead 1

(d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

DEC 17 1941

26. (a) _____ (Date received)

(b) Mabel H. Eder (Registrar's signature)

25. Attendant's

OWN signature

M.D.

27. Given name added on _____ by _____

(Registrar's signature)

and address _____

(D.O., Midwife, etc.)
Date _____

Normie Alberta
State of Canada } ss.
County of Canada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Susan Jane McBee, being first duly sworn, say that I am related (Related to or) acquainted with Charles Arthur McBee as mother, whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Frances Dilley (Name of attendant at birth), who attended

said birth at Boise, Idaho and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Susan Jane McBee

Signature

P. O. Address _____

Subscribed and sworn to before me on this 17th day of December 1941

(SEAL)

John W. Hesdine

Notary Public, residing at High River

Alberta

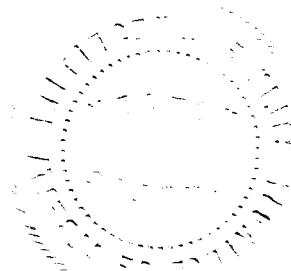
DEC 29 1941

MAY 9 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



693114035 986

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

327406
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nezperse</u> (b) City <u>Kamiah</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: <u>6</u> years <u>6</u> months <u>0</u> days IN THIS county		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nezperse</u> (c) City <u>Kamiah</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>6</u> Mo. yrs.	
4. FULL NAME OF CHILD <u>Floyd James Williams</u>		3. RESIDENCE OF FATHER (city, state) <u>Kamiah Ida.</u>	
6. Sex <u>Male</u>	7. Twin or Triplet	8. No. months of Pregnancy	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Nathan Calvin Williams</u> 11. Color <u>White</u> 12. Age at time of THIS birth <u>46</u> yrs. 13. Birthplace <u>Shelby, Illinois</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		16. FULL MAIDEN NAME <u>Annie Rhodes</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>44</u> yrs. 19. Birthplace <u>Nedosha, Kansas</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature [Signature] **M.D. Midwife** [Signature] **Address** [Address] **Date** [Date]

State of Washington } ss.
County of King

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the [Signature] of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 46 years, and that Dexter Turner who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 133, 1937 Session Laws.

Ethel Sanborn Signature
4433-36th Ave. So., Seattle O. Address

Subscribed and sworn to before me this 12th day of December, 1941
(SEAL) [Signature] Notary Public, residing at Seattle, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

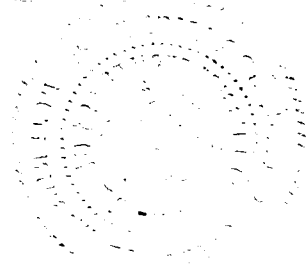
Received for filing on DEC 17 1941 by Marcel F. Eder Registrar.

DEC 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **327502**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 440 North Main
(d) Name of Hospital or Maternity Home:
None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home None days.
IN THIS county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 440 N. Main
(e) How long has MOTHER lived in Idaho? 49 yrs.
(f) Mother's mailing address Pocatello, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME
OF CHILD

Roy Jensen

5. Date of Birth

(Month, day year) June 23, 1895

6. Sex male

7. Twin or
Triplet no

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Peter Jensen
11. Color or Race white 12. Age at time
of THIS birth 33 yrs.
13. Birthplace Denmark
(City or town) (State or foreign country)
14. Exact Occupation deceased
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Marie Christensen
17. Color or Race white 18. Age at time
of THIS birth 30 yrs.
19. Birthplace Denmark
(City or town) (State or foreign country)
20. Exact Occupation none
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5
(c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

26. (a) DEC 24 1941 (b) Marie Jensen
(Date received) (Registrar's signature)

25. Attendant's
OWN signature M.D.
(D.O., Midwife, etc.)
and address Date

27. Given name added on by
(Registrar's signature)

State of IDAHO } ss.
County of BANNOK

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED

I, ANNIE MARIE CHRISTENSEN JENSEN being first duly sworn, say that I am MOTHER RELATED
ROY JENSEN as MOTHER (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Mrs. McMillan, who attended
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this day of December, 1941.
(SEAL) McMillan

Signature Channie Jensen
P. O. Address 533 N. Hayes - Pocatello, Idaho
Notary Public, residing at Pocatello, Idaho

DEC 30 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

DEC 31 1941

327542

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BANNOCK (b) City POCATELLO
(c) Street Address or R.F.D. No. 706 No. Main
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City POCATELLO
(d) Street Address or R.F.D. No. 706 No. MAIN
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) POCATELLO, IDA.

4. **FULL NAME OF CHILD** BERTHA MARY HANSEN

5. Date of Birth of Child
(Month, day, year) 10-18-95

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** PETER HANSEN
11. Color WHITE 12. Age at time of THIS birth 29 yrs.
13. Birthplace NAESTVEAD DENMARK
(City or town) (State or foreign country)
14. Exact Occupation PAINTER
15. Industry or Business U. P. RAILROAD CO.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CARRIE JOHNSON HANSEN
17. Color WHITE 18. Age at time of THIS birth 24 yrs.
19. Birthplace CEDAR RAPIDS IOWA
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by CARRIE HANSEN, who is related to this child as MOTHER (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of TWIN FALLS } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 46 years, and that Mrs. Mc Nillan who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Carrie Johnson Hansen Signature
337 So. 6th. Ave. Pocatello, Idaho O. Address

Subscribed and sworn to before me this 30th day of December 1941
(SEAL) F. P. Hansen Notary Public, residing at Twin Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

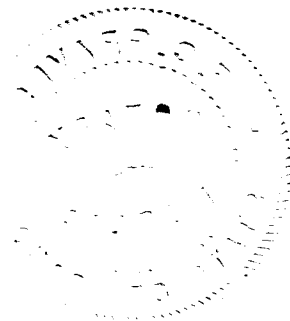
Received for filing on DEC 31 1941 by Marcel E. Egan Registrar.

DEC 31 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



231-222-037-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

DEC 30 1941

STATE OF IDAHO

State File No. **927696**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at parents home
(e) Mother's stay BEFORE delivery:
IN THIS county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Owyhee (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Bruneau, Ida

4. FULL NAME OF CHILD

Fay Arden Black

6. Sex

female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 7

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME JAMES Fletcher Black
11. Color White 12. Age at time
or Race White of THIS birth 30 yrs.
13. Birthplace OHIO
(City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business FARMER

MOTHER OF CHILD

16. FULL MAIDEN NAME Sylvia Elizabeth Stone
17. Color White 18. Age at time
or Race White of THIS birth 19 yrs.
19. Birthplace Eureka California
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at P.M. on the date Dec 29 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mary M Harley, who is related to this child as Attendant (First name) (Last name)

25. Attendant's Mary M Harley M.D. Midwife Address Bruneau Date Idaho
OWN signature (Mother, etc.)

State of Idaho County of Bruneau **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mary M Harley of the person whose name appears in Item 4, above, that I am now 30 years of age, that I have known this person for 30 years, and that

Mary M Harley, who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary M Harley Signature
P. O. Address

Subscribed and sworn to before me this 30 day of Dec, 1941

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 30 1941 by Mabel E. Fisher, Registrar.

JUL 21 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

469-116003-235

327880

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce JAN 2 1942 CERTIFICATE OF BIRTH Local Reg. No. _____
Bureau of Census STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County Bannock (b) City Franklin
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Our home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Franklin
(d) Street Address or R.F.D. No. P.O.
(e) How long has MOTHER lived in Idaho? 51 yrs.
(f) Mother's mailing address Franklin, Idaho

3. RESIDENCE of FATHER (city, state) " " "

4. FULL NAME OF CHILD Preston T. Morehead 5. Date of Birth (Month, day year) Mar. 16, 1895
6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Daniel Claiborn Morehead</u>	16. FULL MAIDEN NAME <u>Elizabeth Ann Stephenson</u>		
11. Color or Race <u>white</u>	17. Color or Race <u>white</u>	12. Age at time of THIS birth <u>25</u> yrs.	18. Age at time of THIS birth <u>23</u> yrs.
13. Birthplace <u>Smithfield, Utah</u> (City or town) (State or foreign country)	19. Birthplace <u>Adamsville, Utah</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farming</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business <u>Lumbering</u>	21. Industry or Business <u>None</u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7
(c) Born alive and now dead 5 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by Daniel C. Morehead who is related to this child as _____ (First name) (Last name)

26. (a) JAN 2 1942 (Date received) (b) [Signature] (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of California } ss.
County of Los Angeles }
I, Daniel Claiborn Morehead, being first duly sworn, say that I am related to Preston T. Morehead as father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that none (Name of attendant at birth), who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Daniel Claiborn Morehead Signature
1247 W. 48th St., Los Angeles, Calif. P. O. Address
Subscribed and sworn to before me on this 28th day of Jan 1942
(SEAL) [Signature] Notary Public, residing at [Signature]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

CERTIFICATE OF BIRTH

JAN 3 1942 Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County CANYON (b) City CALDWELL

(c) Street Address or R.F.D. No. _____

(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. _____ days.

In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State IDAHO (b) County CANYON

(c) City CALDWELL

(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? 7 yrs.

(f) Mother's mailing address BAKER, OR

3. RESIDENCE of FATHER (city, state). DECEASED

4. FULL NAME OF CHILD JAMES CARTER ADAM

5. Date of Birth (Month, day, year) MAY 9, 1895

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME ERNEST HUGO ADAM

16. FULL MAIDEN NAME ANNA V. CARTER

11. Color or Race WHITE 12. Age at time of THIS birth 40 yrs.

17. Color or Race white 18. Age at time of THIS birth 29 yrs.

13. Birthplace NEW YORK NEW YORK
(City or town) (State or foreign country)

19. Birthplace GRAND TOWER, ILL.
(City or town) (State or foreign country)

14. Exact Occupation MERCHANT

20. Exact Occupation H.W.f.

15. Industry or Business GEN. MDSE.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JAN 3 1942 (Mother, etc.)
(Date received) (b) Mary J. Leary
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)

27. Given name added on _____ by _____
(Registrar's signature)

and address _____ Date _____

State of ORE.
County of BAKER } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ANNA V. RITCH, being first duly sworn, say that I am MOTHER
JAMES C. ADAM as _____ (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. E. D. MAXEY, who attended said birth DECEASED and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 3/21 day of December, 1941

(SEAL)

Notary Public, residing at Baker, Oregon
MY COMMISSION EXPIRES

AUGUST 24, 1945.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 142, Section 1)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 22, ~~and~~ ^{and} Annotated, ~~when such report is accom-~~ ^{when such report is accom-}panied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, ~~and~~ ^{and} neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

753 203 003757

327996

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 934 N Buchanan
(d) Name of Hospital or Maternity Home:
born at above residence number
(e) Mother's stay BEFORE delivery: at home
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 934 N Buchanan
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address as above

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Ruth Emelie Petersen

5. Date of Birth July 13 1895
(Month, day, year)

6. Sex Female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Hjalmar Marinus Petersen
11. Color white 12. Age at time of THIS birth 39 yrs.
13. Birthplace Svelvig, Jarlsberg, Norway
(City or town) (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Emelie Ingebretsen
17. Color white 18. Age at time of THIS birth _____ yrs.
19. Birthplace Fredrickstad, Swasline, Norway
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living no
(c) Born alive and now dead no (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JAN 2 1942 (Mother, etc.)
(Date received) (b) [Signature] (Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____ (Registrar's signature)

State of Idaho }
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna M. Wrensted, being first duly sworn, say that I am acquainted with Ruth Emelie Petersen as acquaintance (Related to (or) acquainted with) whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Agnes McMillan (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Anna M. Wrensted Signature
Crystal, Idaho P. O. Address

Subscribed and sworn to before me on this 27th day of December, 1941

(SEAL)

Notary Public, residing at Pocatello, Idaho

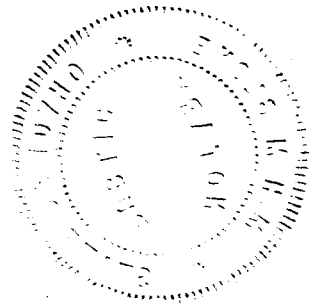
JAN 7 1942

OCT 25 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



JAN 6 1942

328133

United States (Be sure the information is as of date of birth of THIS child)
 Department of Commerce
 Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
 Local Reg. No.
 Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
 (a) County... Shoshone (b) City... Wardner
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home:
 (e) Mother's stay **BEFORE** delivery:
 IN THIS county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 (a) State... Idaho (b) County... Shoshone
 (c) City... Wardner
 (d) Street Address or R.F.D. No.
 (e) How long has **MOTHER** lived in Idaho? 7 yrs.
 3. **RESIDENCE OF FATHER** (city, state) Wardner, Idaho

4. **FULL NAME OF CHILD** Richard Raymond Jones
 6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
 (Month, day, year) August 6th, 1895

FATHER OF CHILD
 10. **FULL NAME** William Thomas Jones
 11. Color white 12. Age at time of THIS birth 39 yrs.
 13. Birthplace Warsaw (City or town) (State or foreign country) Ohio
 14. Exact Occupation Miner
 15. Industry or Business Mining

MOTHER OF CHILD
 16. **FULL MAIDEN NAME** Ellenor Catherine Williams
 17. Color white 18. Age at time of THIS birth 31 yrs.
 19. Birthplace Upper Corris (City or town) (State or foreign country) Wales
 20. Exact Occupation Housewife
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
 23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 3:14 A. M. on the date (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Ellenor Jones, who is related to this child as mother (First name) (Last name)
 (Mother, etc.)

25. Attendant's **OWN signature** Carrie Knudson ~~M.D.~~ Midwife Address Berkeley, Calif. Date Dec. 26, 1941

State of Calif. County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the attendant of the person whose name appears in Item 25 above, that I am now 67 years of age, that I have known this person for 46 years, and that Dr. J. Matheatt, who attended this birth deceased, (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 26 day of December, 1941.
 (SEAL) Henry C. Fitzgerald Notary Public, residing at Berkeley, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1942 by MY COMMISSIONER Registrar.

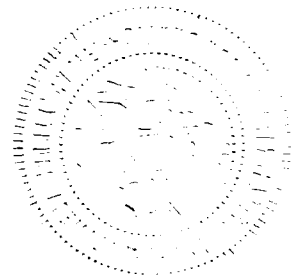
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



JAN 7 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 328147
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County
- Idaho
- (b) City
- Boise
-
- (c) Street Address or R.F.D. No.
-
- (d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD

Lettie Emma Steltz

6. Sex

M7. Twin or
TripletIf so—both
1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME

Wes. Steltz

11. Color

White

12. Age at time

of THIS birth 34 yrs.

13. Birthplace

Wausau Wisconsin
(City or town) (State or foreign country)

14. Exact

Occupation Building Contractor15. Industry or
BusinessBuilding Contractor

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State
- Idaho
- (b) County
- Idaho
-
- (c) City
- Boise
-
- (d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 5 yrs.3. RESIDENCE OF FATHER (city, state) Boise Idaho

5. Date of Birth of Child

(Month, day, year) Oct. 20-18958. No. months
of Pregnancy9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME

Emma Marie Bremer

17. Color

White

18. Age at time

of THIS birth 27 yrs.

19. Birthplace

Milwaukee Wisconsin
(City or town) (State or foreign country)

20. Exact

Occupation Housekeeper21. Industry or
BusinessHousekeeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho Washington
County of Idaho Stacy SS.AFFIDAVIT to be completed when the attendant does not sign
in Item 25.I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 73 years of age, that I have known this person for 73 years, and that
Emma Marie Bremer (First name) (Last name), who attended this birth. (Is now deceased) or (Cannot be located)the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.Emma Marie Bremer Steltz Signature4250-8th N.E. Nevada AddressSubscribed and sworn to before me this 2nd day of January, 1942

(SEAL)

D. B. BaskettNotary Public, residing at Stettin

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 7 1942 by Mabel Bremer Registrar.

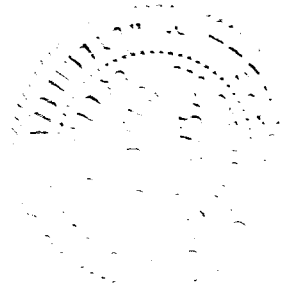
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File **328373**
Local Reg. No.
Reg. Dist. No.

DEC 22 1941

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 443 So. Cleveland
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 443 So. Cleveland
(e) How long has **MOTHER** lived in Idaho 10 yrs

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD Armored Reeves

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) Sept. 7, 1895

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Thomas Reeves
11. Color White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Ballard County Kentucky
(City or town) (State or foreign country)
14. Exact Occupation Attorney at Law
15. Industry or Business " " "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane (Jennie) Thurston Thomas
17. Color White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Carlisle County Kentucky
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business " " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 46 years, and that Dr. J. H. Bean, who attended this birth is now deceased I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission expires

April 9, 1943

Subscribed and sworn to before me this 12th day of December 1941

(SEAL) Olga R. Jatten

Signature (Mrs) Jean Elm Shea P. O. Address 1523 East Salt Lake City Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 22 1941 by Mabel E. Bluff Registrar.

JAN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FEB 12 1952

757 108035-239

328532

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 13 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperse (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperse
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lester Earl Pearsall
6. Sex M **7. Twin or Triplet**
If so—born 1st, 2nd, 3rd 3rd

5. Date of Birth of Child
(Month, day, year) Feb. 8, 1895

8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. FULL NAME Festus Le Roy Pearsall
11. Color or Race White **12. Age at time of THIS birth** 33 yrs.
13. Birthplace Kansas City, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida May Stimson
17. Color or Race White **18. Age at time of THIS birth** 27 yrs.
19. Birthplace Spirit Lake, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D. Midwife** **Address** **Date**

State of Washington } ss.
County of King

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 46 years, and that Mrs. Lathrop who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida May Pearsall Signature
Route #2, Box 329-B, Auburn, Wn. P.O. Address

Subscribed and sworn to before me this 12th day of January, 1942.

(SEAL)

Notary Public, residing at Auburn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on JAN 13 1942 by Mary H. E. Lifer Registrar.

JAN 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

316424 036-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

Orinda
JAN 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

328738
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Whitney
(c) Street Address or R.F.D. No. Preston R.F.D. #1
(d) Name of Hospital or Maternity Home:
at parent's home
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Whitney
(d) Street Address or R.F.D. No. Preston R.F.D. #1
(e) How long has MOTHER lived in Idaho? 1 yrs.
3. RESIDENCE OF FATHER (city, state) Preston, Idaho

4. FULL NAME OF CHILD Benjamin Harrison Lawson

5. Date of Birth of Child
(Month, day, year) Oct. 24, 1895

6. Sex Male 7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Harrison Lawson
11. Color White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Huston, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Katherine B. Williams
17. Color White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Logan, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was --- at --- M. on the date ---
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ---, who is related to this child as ---
(Mother, etc.) (First name) (Last name)
25. Attendant's OWN signature --- M.D. --- Address --- Dead --- Date ---

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the old family friend of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 45 years, and that Mrs. Fannie McQueen, who attended this birth as midwife is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Della M. Chadwick Signature
184 East St. Paul, Idaho P. O. Address

Subscribed and sworn to before me 12th day of January, 1942
(SEAL) P. J. Evans Notary Public, residing at Preston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JAN 15 1942 by Mabel L. Keefe, registrar.

JAN 19 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife; or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 19 1949

JAN 13 1942 168-106-029-417

328836

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:IN THIS county 2 / years 2 / months days**4. FULL NAME OF CHILD**John Albert Johnson6. Sex Male7. Twin or
TripletIf so—born
1st, 2nd, 3rd**FATHER OF CHILD****10. FULL NAME**John H. Johnson**11. Color**White**12. Age at time**of THIS birth 29 yrs.**13. Birthplace**KristianstadSweden

(City or town)

(State or foreign country)

14. Exact

Occupation

Farmer**15. Industry or**

Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)(a) State Idaho (b) County Latah(c) City Moscow

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 21 yrs.**3. RESIDENCE OF FATHER** (city, state) Moscow Idaho**5. Date of Birth of Child**(Month, day, year) Dec 6. 1895**8. No. months**of Pregnancy 99. Legitimate? yes**MOTHER OF CHILD** Magnuson**16. FULL MAIDEN NAME**Louise Christian Johnson**17. Color**White**18. Age at time**of THIS birth 18 yrs.**19. Birthplace**WacoMinn.

(City or town)

(State or foreign country)

20. Exact

Occupation

Housewife**21. Industry or**

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7**ATTENDANT'S CERTIFICATE**24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of WashingtonCounty of Snohomish

} ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.I, the undersigned, being first duly sworn, say that I am the mother + father, resp. of the person whose name appears

(Mother, etc.)

in Item 4, above, that I am now 69 years of age, that I have known this person for 46 years, and that(First name) ms C Johnson (Last name), who attended this birth Deceased. I further state that

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.Louise C Johnson John H Johnson Signature1121 E. Baldwin Spokane P. O. AddressSubscribed and sworn to before me this 9 day of January, 1942

(SEAL)

Harold J. Jones Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

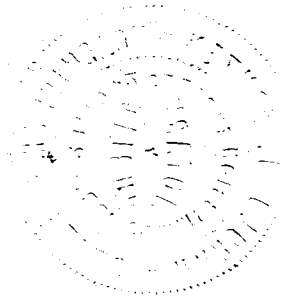
Received for filing on JAN 13 1942 by Mary E. Eder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 328908
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 8 years 3 months 4 days

4. FULL NAME OF CHILD

Charles Daniel Miller

5. Date of Birth

(Month, day year) October 28, 1895

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Edwin Miller

11. Color White or Race White 12. Age at time
of THIS birth 38 yrs.

13. Birthplace Unknown
(City or town) (State or foreign country)

14. Exact Occupation Sheriff of Cassia County

15. Industry or
Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME

Hattie Smith

17. Color White or Race White 18. Age at time
of THIS birth 24 yrs

19. Birthplace Salt Lake City
(City or town) (State or foreign country) Utah

20. Exact Occupation Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is
related to this child as _____ (First name) (Last name)

JAN 19 1942 (Mother, etc.)
26. (a) _____ (b) _____
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's
OWN signature _____ M.D.

and address _____ Date _____ (D.O., Midwife, etc.)

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Archie Nevada Miller first duly sworn, say that I am brother
Charles Daniel Miller as _____ (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Storey, who attended

said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Archie Nevada Miller Signature
624 N 16th Street P. O. Address

Subscribed and sworn to before me on this 19th day of January, 19 42
(SEAL) Justice of the Peace Notary Public, residing at Brainer Idaho
R. Adams

JAN 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File **N329005**
Local Reg. No. _____
Reg. Dist. No. _____

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (a) County <u>Kootenai</u> (b) City <u>Coeur d'Alene</u> (c) Street Address or R.F.D. No. <u>4th & Foster</u> (d) Name of Hospital or Maternity Home: <u>Born at Home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. IN THIS county _____ years _____ month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Kootenai</u> (c) City <u>Coeur d'Alene</u> (d) Street Address or R.F.D. No. <u>4th & Foster</u> (e) How long has MOTHER lived in Idaho? <u>5 yrs.</u> (f) Mother's mailing address <u>Coeur d'Alene, Ida</u>	
4. FULL NAME OF CHILD <u>Fred Dubois Crane</u>		3. RESIDENCE of FATHER (city, state) <u>CDA. Idaho</u>	
6. Sex <u>Male</u> 7. Twin or Triplet <u>No</u> 8. No. months of Pregnancy <u>9 mo</u> 9. Legitimate? <u>Yes</u>		5. Date of Birth (Month, day, year) <u>Nov. 24, 1895</u>	
FATHER OF CHILD 10. FULL NAME <u>Addison Arvin Crane</u> 11. Color <u>White</u> 12. Age at time of THIS birth. <u>35</u> yrs. 13. Birthplace <u>Roseburg, Oregon, U. S. A.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Lawyer</u> 15. Industry or Business <u>"</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Elizata Geneva Townes</u> 17. Color <u>White</u> 18. Age at time of THIS birth. <u>25</u> yrs. 19. Birthplace <u>Oceola, Mo. U.S.A.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>"</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living _____ (c) Born alive and now dead _____ (d) Stillborn _____			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive</u> <u>6 P.</u> M. on the date <u>Nov. 24, 1942</u> (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by <u>Elizata G. Crane</u> , who is related to this child as <u>Mother</u> (First name) (Last name)			
26. (a) _____ (Date received) (b) _____ (Registrar's signature)		25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)	
27. Given name added on _____ by _____ (Registrar's signature)		and address _____ Date _____	

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizata Crane, being first duly sworn, say that I am related to Fred Dubois Crane as Mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Purviance, who attended said birth is now deceased (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Elizata G. Crane Signature
Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me on this 15th day of January, 1942
(SEAL) E. M. Naughton Notary Public, residing at Coeur d'Alene, Idaho

JAN 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

319-126-040-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 329140
Local Reg. No.
Reg. Dist. No.

JAN 15 1942

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
None
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.

4. FULL NAME OF CHILD

William Elmer Carlson

5. Date of Birth of Child

(Month, day, year) 2-29-1895

6. Sex

M

7. Twin or Triplet

S

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? X

10. FULL NAME

John Carlson

11. Color or Race

White

12. Age at time of THIS birth

33 yrs.

13. Birthplace

Aulu

(City or town)

Finland
(State or foreign country)

14. Exact Occupation

Miner

15. Industry or Business

16. FULL NAME

Lizzie Latvala

17. Color or Race

White

18. Age at time of THIS birth

24 yrs.

19. Birthplace

Wasa

(City or town)

Finland
(State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

None

23. Number of children of this mother: (a) At time of birth and including this child

2

(b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 7 a.m. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Lizzie Carlson who is related to this child as Mother

(Mother, etc.)

(First name)

(Last name)

25. Attendant's

OWN signature

Deceased

M.D.

Midwife

Address

Date

State of Minnesota
County of Wadena } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mather of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 46 years, and that

(Mother, etc.)

Mary Wilson who attended this birth is deceased I further state that

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

THE A. NISKA,

Notary Public, Wadena County, Minn.

My Commission Expires Nov. 3, 1942

Lizzie Carlson

Signature

M. Lehigh a Minn

P. O. Address

Subscribed and sworn to before me this 13 day of Jan 1942

(SEAL)

John G. Niska Notary Public, residing at Wadena Minn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

JAN 15 1942

by

Mary J. Edgar

Registrar.

JAN 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



755-204-008-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

329144
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Boise</u> (b) City <u>Horseshoe Bend</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>child born at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>31</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boise</u> (c) City <u>Horseshoe Bend</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>31</u> yrs.	
4. FULL NAME OF CHILD <u>Anna Agnes Penrod</u>		3. RESIDENCE OF FATHER (city, state) <u>Horseshoe Bend Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>2/4/1895</u>	
6. Sex <u>Female</u>	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9 Mo.</u>
FATHER OF CHILD 10. FULL NAME <u>Joseph Penrod</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>37</u> yrs. 13. Birthplace <u>Modale, Iowa</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Agnes Daley</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>33</u> yrs. 19. Birthplace <u>"unknown", California</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Housewife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>do not know</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is
 related to this child as.....
 (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D. Midwife Address Date**

State of Idaho
 County of Boise } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for all his life years, and that Mrs. Alec Mencer (midwife), who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Penrod Signature
Idaho City, Idaho P. O. Address
 Subscribed and sworn to before me this 13th day of January, 1942.
 (SEAL) Claude V. Marcuss Notary Public, residing at Idaho City, Idaho.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Henry E. Egan, Registrar.

JAN 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



329202

United States
Department of Commerce
Bureau of the Census JAN 14 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County... Ada (b) City... Boise
(c) Street Address or R.F.D. No. 925 Scholten Ave. Front St.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay BEFORE delivery:
IN THIS county Ada years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State... Idaho (b) County... Ada
(c) City... Boise
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 12 at time yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Lucy Edmund
6. Sex male **7. Twin or Triplet** no **If so—born 1st, 2nd, 3rd**

5. Date of Birth of Child (Month, day, year) Oct. 14, 1895
8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD
10. FULL NAME Gardner Goldsmith Adams
11. Color or Race white **12. Age at time of THIS birth** 37 yrs.
13. Birthplace Vallejo, California
(City or town) (State or foreign country)
14. Exact Occupation Attorney
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Mildred Heaton
17. Color or Race white **18. Age at time of THIS birth** 25 yrs.
19. Birthplace Oregon Springs, Utah
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D. Midwife Address Date**
State of Idaho County of County } ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 46 years, and that Dr. Geo. Collister, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mildred H. Adams Signature
Council, Idaho P. O. Address

Subscribed and sworn to before me this 13 day of January, 1942.
(SEAL) Matilda Moser Notary Public, residing at Council, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1942 by E. C. Cook District Court Registrar.

JAN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

State File No. 329217
Local Reg. No.
Reg. Dist. No.

JAN 14 1942

STATE OF IDAHO

1. PLACE OF BIRTH

- (a) County Ada (b) City Meridian
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
In a farm house
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Meridian

4. FULL NAME OF CHILD

Chester Marvin Inman

6. Sex

boy

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

5. Date of Birth

(Month, day year) July 26-1895

8. No. months

of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

George W. Inman

11. Color or Race

White

12. Age at time

of THIS birth 38 yrs.

13. Birthplace

Harrison Boone Co, Ark.
(City or town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Comilia Elmore Sipe

17. Color or Race

White

18. Age at time

of THIS birth 34 yrs

19. Birthplace

Harrison Boone Co, Ark.
(City or town) (State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JAN 14 1942 (b) Maud E. Eder (Mother, etc.)

(Date received)

(Registrar's signature)

25. Attendant's

OWN signature

M.D.

27. Given name added on

by _____ (Registrar's signature)

and address

Date _____ (D.O., Midwife, etc.)

State of California } ss.
County of Stanislaus

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Kizzie Mahala Inman Davis, being first duly sworn, say that I am related to Chester Marvin Inman as an older sister (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth), who attended said birth _____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 12 day of July, 1941

(SEAL)

L. H. Black

Notary Public, residing at San Luis

Kizzie Mahala Inman Davis Signature

P. O. Address

IAN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

693-121-022-219

329221

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Farm Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 9 years 1 months 23 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 48 yrs.

4. **FULL NAME OF CHILD** Henry Cevern Wilson
6. Sex male ☒ Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state)
5. Date of Birth of Child (Month, day, year) July 21, 1895
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Henry Wilson
11. Color white 12. Age at time of THIS birth 54 yrs.
13. Birthplace Hammond (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Adrena Barlow
17. Color white 18. Age at time of THIS birth 36 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at A.M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Adrena Young, who is related to this child as Sister (Mother, etc.)
(First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Fremont

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for life years, and that Mary Sorenson (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Adrena St. Young Signature
St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 14 day of January, 1942
(SEAL) St. Anthony Notary Public, residing at ST. ANTHONY, IDAHO
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-614, Idaho Code Annotated.)

Received for filing on JAN 14 1942 by Mary Elder Registrar.

JAN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

746-215-007-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **330502**
Local Reg. No. **1**
Reg. Dist. No. **410**

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Blaine** (b) City **Moore**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **Blaine**
(c) City **Moore**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **4** yrs.

3. **RESIDENCE OF FATHER** (city, state) **Moore, Idaho**

4. **FULL NAME OF CHILD** **Dora May Goodman**

5. Date of Birth of Child **11-15-1895**
(Month, day, year)

6. Sex **Female** 7. Twin or **Trin** If so—born 1st, 2nd, 3rd **1st** 8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD

10. **FULL NAME** **William Martin Goodman**
11. Color **White** 12. Age at time **43**
or Race of THIS birth yrs.
13. Birthplace **Cole County Illinois**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** **Lulu Brown**
17. Color **White** 18. Age at time **26**
or Race of THIS birth yrs.
19. Birthplace **Cole County Illinois**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business **Home**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **AGNO3**
23. Number of children of this mother: (a) At time of birth and including this child **3** (b) Born alive and now living **3**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **Born Alive** at **Lulu Goodman** M. on the date **11-15-1895**
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by **Lulu Goodman**, who is related to this child as **Mother**.
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of **IDAHO**
County of **BLAINE** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **MOTHER** of the person whose name appears in Item 4, above, that I am now **72** years of age, that I have known this person for **now deceased** years, and that **Mrs. Jim Haney** who attended this birth **now deceased**. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lulu Goodman Signature
Idaho P. O. Address

Subscribed and sworn to before me this **15th** day of **January**, 1942.
(SEAL) **R. H. McCoy** Notary Public, residing at **Idaho**.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **1-12-1942** by **Robert H. Wright** Registrar.

JAN 27 1942

JUL 28 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

456-127-003-284

330517

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

JAN 19 1942

1. PLACE OF BIRTH

(a) County Bannock (b) City Downey
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
Born in home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home --- days.
IN THIS county --- years --- month --- days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Downey
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 31 yrs.
(f) Mother's mailing address dead since 1912

3. RESIDENCE of FATHER (city, state) Downey, Ida

4. FULL NAME OF CHILD

Lenard Valess Dewey

5. Date of Birth

(Month, day year) Feb. 27, 1895

6. Sex male

7. Twin or --- If so—born ---
Triplet --- 1st, 2nd, 3rd

8. No. months

of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Alfred Dewey

11. Color white 12. Age at time 33 yrs.
or Race --- of THIS birth

13. Birthplace Calls Fort, Utah
(City or town) (State or foreign country)

14. Exact farmer
Occupation

15. Industry or farmer
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eunice Jane Shurtliff

17. Color white 18. Age at time 32 yrs.
or Race --- of THIS birth

19. Birthplace Harrisville, Utah
(City or town) (State or foreign country)

20. Exact farmer
Occupation

21. Industry or farmer
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 9
(c) Born alive and now dead --- (d) Stillborn ---

24. I HEREBY CERTIFY That I attended the birth of this child, who was --- at --- M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ---, who is
related to this child as --- (First name) (Last name)

26. (a) JAN 19 1942 (b) Mary E Elder
(Date received) (Registrar's signature)

25. Attendant's --- M.D.
OWN signature --- (D.O., Midwife, etc.)

27. Given name added on --- by ---
(Registrar's signature)

and address --- Date ---

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Arley Dewey, being first duly sworn, say that I am related to
Lenard Valess Dewey as elder brother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mr. Staples, who attended

said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature Arley Dewey
P. O. Address Downey, Idaho

Subscribed and sworn to before me on 17th day of January, 1942
(SEAL.)

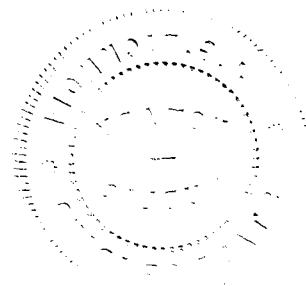
My commission expires 10-1-45
Notary Public, residing at Downey, Idaho

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

469-221-001-113

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File #30545
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 607 Grove St
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery: Born here
IN THIS county years months days

4. FULL NAME OF CHILD Irene Derbyshire Morgan

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Charles Douglas Morgan
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Jacksonville Oregon
(City or town) (State or foreign country)
14. Exact Occupation Clerk in store
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 607 Grove St
(e) How long has MOTHER lived in Idaho? always yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

5. Date of Birth of Child (Month, day, year) Oct 21 1895

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie Jacobs
17. Color White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Boise Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by, who is related to this child as. (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon } ss.
County of Madison

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 46 years, and that Dr. L. C. Bowers who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie Jacobs Gaylord Signature
P.O. Box 547, Nyssa, Oregon P. O. Address

Subscribed and sworn to before me this 15th day of January, 1942
(SEAL) Notary Public, residing at Nyssa, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Expires Aug 12, 1943

Received for filing on JAN 16 1942 by Harold E. Elder Registrar.

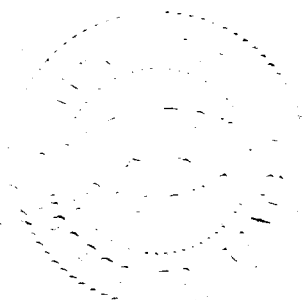
JAN 27 1942

JAN 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



689-209-044-249

330550

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 23 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Meadows, Idaho (at home)
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Meadows
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

4. FULL NAME OF CHILD Beulah White

3. RESIDENCE OF FATHER (city, state) Meadows, Idaho
5. Date of Birth of Child (Month, day, year) Jan. 9, 1895.

6. Sex female **7. Twin or** no **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Walter White
11. Color or Race white **12. Age at time of THIS birth** 27 yrs.
13. Birthplace Centerville, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming and cattle raising

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Smith
17. Color or Race white **18. Age at time of THIS birth** 20 yrs.
19. Birthplace Illinois
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature [Signature] **M.D.** [Signature] **Address** [Address] **Date** [Date]

State of Idaho
County of Washington

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 47 years, and that Dr. Shawood who attended this birth is deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 129, 1937 Session Laws.

Nellie White Signature
Meadows Idaho P. O. Address

Subscribed and sworn to before me this 22 day of Jan 1942
(SEAL) [Signature] Notary Public, residing at Meadows

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by Mary E. Eddy Registrar.
Mrs. E. A. Mitchell, New Meadows Idaho, have known this woman all her life these statements are all true.

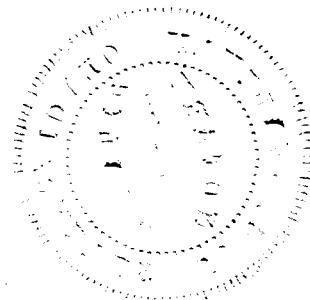
IAN 27 1942

FEB 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in case of birth stated.

862-209-003-349

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. none St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

JAN 19 1942

330574

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Phyllis Laurantia Hobbs

3. Sex Female If plural births { 4. Twin, triplet, or other — 5. Number, in order of birth 1st 6. Premature — Full term ✓ 7. Legitimate? yes 8. Date of birth Feb. 9, 1895
(Month, Day, Year)

9. Full name FATHER
James Hobbs

18. Full maiden name MOTHER
Mary Laurantia Curtis

10. Residence (usual place of abode)
(If non-resident, give place and State) Pocatello, Idaho

19. Residence (usual place of abode)
(If non-resident, give place and State) Pocatello

11. Color or race white 12. Age at last birthday 35 (years)

20. Color or race white 21. Age at last birthday 24 (years)

13. Birthplace (city or place) Franklin, Idaho
(State or Country)

22. Birthplace (city or place) Grand Rapids, Mich
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Rail Road

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

16. Date (month and year) last engaged in this work Feb. 1895 17. Total time (years) spent in this work 3 yrs.

OCCUPATION 25. Date (month and year) last engaged in this work Feb. 1895 26. Total time (years) spent in this work 1 3/4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) one
(a) Born alive and now living ✓ (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — { months or weeks 30. Cause of stillbirth — { Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born Alive or Stillborn)
(Signed) Mary Laurantia Hobbs M.D.
or mother Midwife

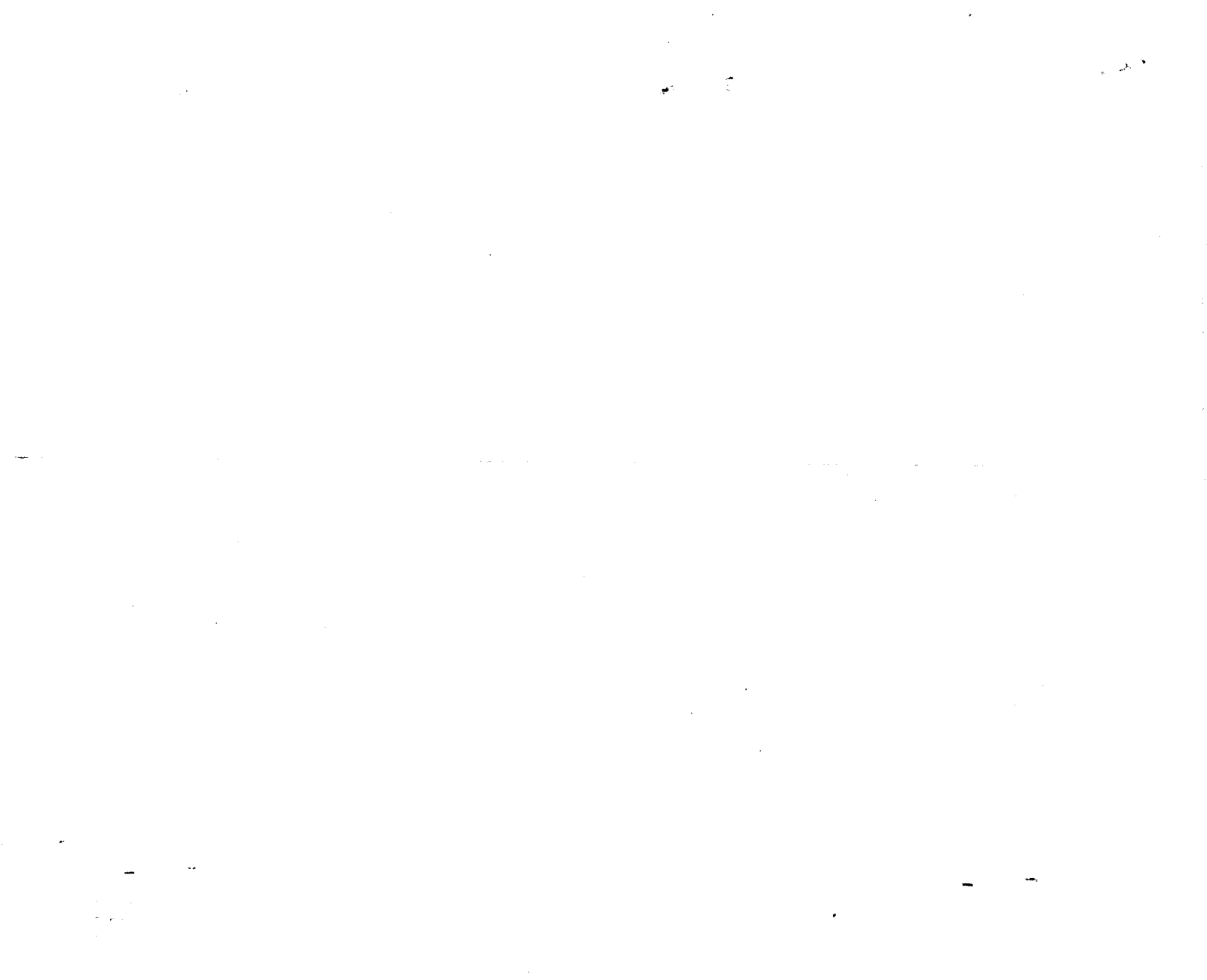
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

Address 648 South McBride Ave.
Los Angeles, Calif.

(Date of)

Filed JAN 19 1942 193 _____ Registrar

Registrar.



842-209-003-349

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Lovantia Hobbs being first duly sworn says that
she is the Mother of Phyllis Lovantia Hobbs (Kendall)
(Relationship of child)*
born Feb. 9 th 1895 at Pocatello, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Phyllis Lovantia Hobbs (Kendall)

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dont remember Midwife's name. M. D. was the
medical attendant at the birth of said Phyllis Lovantia Hobbs (Kendall) Midwife
the said medical attendant is Deceased and that
(Now deceased (or) cannot be located)

Name of Affiant Mary Lovantia Hobbs
P. O. Address 648 So. McBride Ave

Subscribed and sworn to before me this 17 th day of January, 1942

John W. Hayduk
Notary Public
Residing at Los Angeles, Calif.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JAN 27 1942

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VETERINARY MEDICINE

OFFICE OF THE VETERINARY MEDICINE DIVISION
STREET 101, STATE ST.

NOTARY PUBLIC
I, the undersigned, do hereby certify that the foregoing is a true and correct copy of the original as the same appears in the records of the State of California.

Witness my hand and the seal of my office this 27th day of January, 1942.

Notary Public for the State of California

My commission expires on the 27th day of January, 1943.

Notary Public for the State of California

My commission expires on the 27th day of January, 1943.

Notary Public for the State of California

My commission expires on the 27th day of January, 1943.

Notary Public for the State of California

My commission expires on the 27th day of January, 1943.

Notary Public for the State of California

My commission expires on the 27th day of January, 1943.

Notary Public for the State of California

My commission expires on the 27th day of January, 1943.

Notary Public for the State of California

My commission expires on the 27th day of January, 1943.

Notary Public for the State of California

My commission expires on the 27th day of January, 1943.

Notary Public for the State of California

My commission expires on the 27th day of January, 1943.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **330585**

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:** *De Lamar*
(a) County *Oneida* (b) City *Mining Camp*
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: *None*
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
In **THIS** county. *4* years. months. days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State *Montana* (b) County *Missoula*
(c) City *Missoula*
(d) Street Address or R.F.D. No. *299 Blaine St.*
(e) How long has **MOTHER** lived in Idaho? *5* yrs.
(f) Mother's mailing address *299 Blaine St.*

4. **FULL NAME OF CHILD** *Frederick Arthur Lawrence*

6. Sex *Male* 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state). *at time of birth in Oneida County, Idaho*
5. Date of Birth (Month, day, year) *Feb. 19-1895*

8. No. months of Pregnancy 9. Legitimate? *yes*

FATHER OF CHILD

10. **FULL NAME** *John Lawrence*
11. Color or Race *white* 12. Age at time of THIS birth *31* yrs.
13. Birthplace *Camborne, Cornwall, England*
(City or town) (State or foreign country)
14. Exact Occupation *Miner*
15. Industry or Business *Mining*

MOTHER OF CHILD

16. **FULL MAIDEN NAME** *Ellen Jane Tucker*
17. Color or Race *white* 18. Age at time of THIS birth *29* years
19. Birthplace *Camborne Cornwall, England*
(City or town) (State or foreign country)
20. Exact Occupation *None*
21. Industry or Business *None*

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child *1* (b) Born alive and now living *yes*
(c) Born alive and now dead. (d) Stillborn.

24. I HEREBY CERTIFY That I attended the birth of this child, who was *born* at *De Lamar* on the date *Jan. 19, 1942* and at the place stated above, and that personal particulars were furnished by *Ellen J. Lawrence*, who is related to this child as *Mother*.

26. (a) *JAN 19 1942* (Date received) (b) *John E. Patterson* (Registrar's signature)
25. Attendant's **OWN signature** *John E. Patterson* M.D. or (D.O., Midwife, etc.)
27. Given name added on *by* *John E. Patterson* (Registrar's signature) and address *Missoula, Montana* Date *Jan. 19, 1942*

State of *Montana* }
County of *Missoula* } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, *Ellen J. Lawrence*, being first duly sworn, say that I am *related to* *Frederick Arthur Lawrence* as *mother* (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that *Dr. Plummer* (Name of attendant at birth) who attended said birth *is now deceased* (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this *16th* day of *January*, 1942.
(SEAL) *John E. Patterson* Notary Public, residing at *Missoula, Montana*.
My Commission Expires April 22, 1943.

342

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 10 1942 866-125.016-344

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **330605**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County. Cassia (b) City. Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State. Idaho (b) County. Cassia
(c) City. Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 61 yrs.

3. **RESIDENCE OF FATHER** (city, state) Burley, Idaho
4. **FULL NAME OF CHILD** Byron Howells
5. Date of Birth of Child (Month, day, year) July, 25, 1895
6. Sex male 7. Twin or Triplet one If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Benjamin Price Howells
11. Color white 12. Age at time of THIS birth. 29 yrs.
13. Birthplace. Tocolet City, Utah
(City or town) (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business X

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Josierhine Cummins
17. Color white 18. Age at time of THIS birth. 22 yrs.
19. Birthplace. Grantsville, Utah
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum. X
23. Number of children of this mother: (a) At time of birth and including this child. 3 (b) Born alive and now living. 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of. Idaho
County of. Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 47 years, and that Dr. D. F. Albee, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Benjamin Price Howells Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of January, 1942,
(SEAL) [Signature] Notary Public, residing at Burley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1942 by [Signature], Registrar.

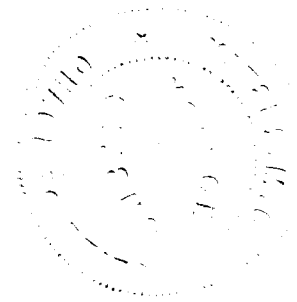
JAN 27 1942

APR 15 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **330623**
Local Reg. No.
Reg. Dist. No.

JAN 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Blaine</u> (b) City <u>near Howe</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>None (near Howe)</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>60</u> yrs.	
4. FULL NAME OF CHILD <u>Thomas Earl Rodgers</u>		5. Date of Birth of Child (Month, day, year) <u>July 29th, 1895</u>	
6. Sex <u>M.</u>	7. Twin or Triplet	8. No. months of Pregnancy	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John Robert Rodgers</u>		16. FULL MAIDEN NAME <u>Annie Martin</u>	
11. Color or Race <u>Cauc.</u>	12. Age at time of THIS birth <u>47</u> yrs.	17. Color or Race <u>Cauc.</u>	18. Age at time of THIS birth <u>34</u> yrs.
13. Birthplace <u>(unknown)</u> (City or town)	<u>England</u> (State or foreign country)	19. Birthplace <u>Yorkshire, England</u> (City or town)	<u>England</u> (State or foreign country)
14. Exact Occupation <u>Stockman</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. <u>Unknown</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>8</u> (b) Born alive and now living <u>8</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. **Midwife** Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 46 1/2 years, and that Mrs. Barslow, midwife who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 19th day of January, 19 42
(SEAL) W. Williams Notary Public, residing at Blackfoot, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 21 1942 by Mrs. Grace P. Lutton Registrar.

MAY 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

514-127.019-793

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
JAN 24 1942
CERTIFICATE OF BIRTH
STATE OF IDAHO

330634
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Hauston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Hauston
(d) Street Address or R.F.D. No.

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 10 years, months days

(e) How long has **MOTHER** lived in Idaho? 10 yrs.
3. RESIDENCE OF FATHER (city, state) Hauston, Idaho

4. FULL NAME OF CHILD Walter Scott Vaughnt

5. Date of Birth of Child
(Month, day, year) Jan 27, 1895

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Madison Scott Vaughnt
11. Color or Race White **12. Age at time of THIS birth** 30 yrs.
13. Birthplace Laurel, Kentucky
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Matilda Rose Sill
17. Color or Race White **18. Age at time of THIS birth** 24 yrs.
19. Birthplace Ordan, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**
Midwife

State of County of } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 26 years of age, that I have known this person for 47 years, and that Caroline Thompson who attended this birth. Deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

M. S. Vaughnt Signature
P. O. Address

Subscribed and sworn to before me this 20 day of January, 1942
(SEAL) [Signature] Notary Public, residing at Hauston, Idaho

(Note: Perjury is punishable by a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by Mary E. Egan, Registrar.

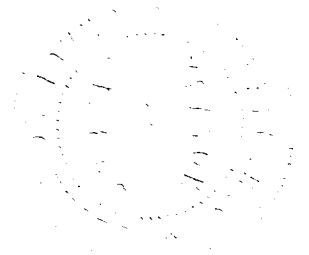
AUG 23 1968

MAR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



613-101-235-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 28 1942
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **330904**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Nezperce (b) City Marblehead
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
N.A.N.C. - COUNTRY -
(e) Mother's stay BEFORE delivery:
IN THIS county NOT years known months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Nezperce
(c) City Marblehead
(d) Street Address or R.F.D. No. known
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child about
(Month, day, year) Apr 1, 1895

4. FULL NAME OF CHILD George Washington Walden

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Benjamin F. Walden
11. Color White 12. Age at time of THIS birth 48 yrs.
13. Birthplace Montgomery Co Pa Feb 20 1897
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business NONE

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen M Staggs
17. Color White 18. Age at time of THIS birth UNKNOWN yrs.
19. Birthplace UNKNOWN
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business L

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
25. Attendant's OWN signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this day of 19.....

(SEAL)-

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by Idaho Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AFFIDAVIT.

State of Oregon,

County of *Deschutes* --ss

Ed Phipps, being first duly sworn upon oath depose and say: That I am a citizen of the United States of America and a resident of *Bend*, Oregon, and of the age of *60* years; That George W. Walden, Of Kelso, Washington, was born in Nez Perce County, State of Idaho, on or about the first day of April, 1895; that his parents were Benj. F. Walden and Helen M. Walden, both now deceased; that upon the death of his mother the said George W. Walden was taken into the home of my mother, when he was then one year of age, and he remained and lived with my mother, who was Mary Phipps, was a sister of the said father of George W. Walden; that this affiant has known the said Geo. W. Walden from the date of his birth.

Ed Phipps

Subscribed and sworn to before me January *9th*, 1942.

E. J. Allen
Notary Public for Oregon
County Judge

JAN 30 1942

... ..

... ..

...

... ..

... ..

... ..
... ..
... ..
... ..
... ..
... ..
... ..

... ..

... ..
... ..
... ..
... ..
... ..

... ..

... ..

... ..

... ..

... ..

AFFIDAVIT.

State of Oregon,

--ss

County of *Wasco*

Ida Rambo, being first duly sworn upon oath depose and say: That I am a citizen of the United States of America and a resident of Antelope, Oregon, and of the age of 57 years; That George W. Walden, of Kelso, Washington, was born in ~~Nez. Perce~~ County, State of Idaho, on or about the first day of April, 1895; that his parents were Benj. F. Walden and Helen M. Walden, both now deceased; that upon the death of his mother the said George W. Walden was taken into the home of my mother, when he was then one year of age, and he remained and lived with my mother until he was about eight years of age; that my said mother, who was Mary Phipps, was a sister of the said ~~father~~ of George W. Walden; that this affiant has known the said Geo. W. Walden from the date of his birth.

Ida Rambo

Subscribed and sworn to before me January 3, 1942.

R. H. B. Roop
Notary Public for Oregon.
MY COMMISSION EXPIRES AUG. 21, 1943

265-2241029-649

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 22 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 330908
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at Home
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
3. RESIDENCE OF FATHER (city, state) Genesee, Idaho

4. FULL NAME OF CHILD Myrtle Helen Swenson
6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Aug. 24, 1895
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Colben C. Swenson
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace State of Minnesota
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business for self, (grains)

MOTHER OF CHILD
16. FULL MAIDEN NAME Hannah Oursland
17. Color white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Clay Co. South Dakota
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum no
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)
25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 47 years, and that Mrs. Sarby, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Swenson Signature
Genesee, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of January, 1942
(SEAL) W. B. Spr Notary Public, residing at Genesee, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

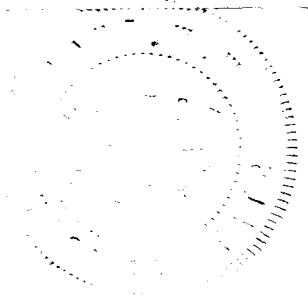
Received for filing on JAN 22 1942 by W. B. Spr Registrar.

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

JAN 28 1942 STATE OF IDAHO

330932
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Bonniers Ferry
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 5 years 7 months 28 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Bonniers Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

4. **FULL NAME OF CHILD** Frank Harold Cole

3. **RESIDENCE OF FATHER** (city, state) 40 years
5. Date of Birth of Child
(Month, day, year) July 28, 1895

6. Sex Male 7. Twin or Triplet None If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Sumner Cole
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Windham Summit Penn.
(City or town) (State or foreign country)
14. Exact Occupation Labor, constructing spur
15. Industry or Business on G.N.R.R.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Dalletta Leek
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Middleville, Mich.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Florida
County of Pinellas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 47 years, and that Thomas A. Bishop M.D., who attended this birth is deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle H. Leek Cole Signature
520 - Beach Drive, North P. O. Address

Subscribed and sworn to before me this 19th day of January, 1942
(SEAL) Lincoln C. Bogie Notary Public, residing at St. Petersburg, Fla.

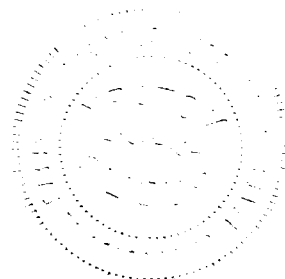
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

My commission expires March 18 1942
Received for filing on JAN 28 1942 by Marjorie R. ... Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

613-218-022-283

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 21 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **330986**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Fremont (b) City Howe
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____
at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home no days.
IN THIS county 8 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City Howe, Now Butte Co., Idaho
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 64 yrs.
(f) Mother's mailing address Arco, Idaho

3. RESIDENCE of FATHER (city, state) Arco, Idaho

4. FULL NAME OF CHILD

Elizabeth Alta Walker Williams

5. Date of Birth Oct. 18
(Month, day year) 1895

6. Sex female

7. Twin or no
Triplet _____ If so—born
1st, 2nd, 3rd _____

8. No. months of Pregnancy _____
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Geo. E. Walker
11. Color White 12. Age at time of THIS birth 25 yrs.
or Race Caucasian
13. Birthplace Kansas City, Mo.,
(City or town) (State or foreign country)
14. Exact Occupation stock and ranching
15. Industry or Business stock raising and ranching
16. Name prophylactic used to prevent Ophthalmia Neonatorum _____
17. Number of children of this mother: (a) At time of birth and including this child. one
(c) Born alive and now dead none (d) Stillborn none

MOTHER OF CHILD

16. FULL MAIDEN NAME Pearl Kyle
17. Color White 18. Age at time of THIS birth 18 yrs.
or Race Caucasian
19. Birthplace Downey, Idaho
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business ranching

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as both are dead
(First name) (Last name)

26. (a) JAN 21 1942 (Date received)
(b) Mary E. Walker (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho
County of Butte } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles S. Kyle, being first duly sworn, say that I am an uncle
(Related to (or) acquainted with)
Elizabeth Alta Walker Williams, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Jennie Hawley, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 6th day of September, 19 41
(SEAL) W. J. Lammie Notary Public, residing at Arco, Idaho.

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has~~ occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

795-108036-443

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

State File No. **331002**
Local Reg. No.
Reg. Dist. No.

JAN 22 1942 STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County..... <u>Onedia</u> (b) City..... <u>American Falls</u> (c) Street Address or R.F.D. No..... <u>Idaho</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>3</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State..... <u>Idaho</u> (b) County..... <u>Onedia</u> (c) City..... <u>American Falls</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>25</u> yrs.	
4. FULL NAME OF CHILD <u>Melvin Augustine Green</u>		3. RESIDENCE OF FATHER (city, state) <u>same as Mother</u>	
6. Sex <u>Male</u>		5. Date of Birth of Child (Month, day, year) <u>May 8, 1895</u>	
7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd <u>none</u>		8. No. months of Pregnancy <u>9 mo.</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Lewis Green</u>		16. FULL MAIDEN NAME <u>Elizabeth Mullin</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>27</u> yrs.		18. Age at time of THIS birth <u>27</u> yrs.	
13. Birthplace <u>Wyoming, Illinois</u> (City or town) (State or foreign country)		19. Birthplace <u>Crate Nebraska</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Track Foreman</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>for Oregon Short Line</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>8</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Iowa County of Jasper county ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 40 years, and that Dr. I.H. Moore, who attended this birth, cannot be located. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Elizabeth Green Signature
413 East 5th St. North, Newton Iowa Address

Subscribed and sworn to before me this 17 day of January, 1942
 (SEAL) Florence R. Kunda Notary Public, residing at Newton Iowa
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Registrar.

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 S. Laws, Chapter 139, Section 4)

Where the birth of a child has been reported in violation of Chapter 191, Section 1, and the parent or person having charge of the child has failed to report any birth which has occurred subsequent to such date, such report may be received and filed by the registrar or registrar's deputy or by a physician, or by a person having direct knowledge of the birth, and such report is accepted by a certificate of the attending physician or by the affidavit of the father or mother of the child, or if the father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge of the premises.

355 224 035 218

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331146
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Cameron
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at Ranch Home
(e) Mother's stay BEFORE delivery:
IN THIS county 9 years 7 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Cameron
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.
3. RESIDENCE OF FATHER (city, state) Cameron, Id.

4. FULL NAME OF CHILD Inez Lenter
7. Twin or Triplet
8. No. months of Pregnancy 9
9. Legitimate? yes

5. Date of Birth of Child
(Month, day, year) May 24 - 1895

FATHER OF CHILD
10. FULL NAME Frederick Lenter
11. Color White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Hamburg Germany
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Lene Kahlke
17. Color White 18. Age at time of THIS birth 38 yrs.
19. Birthplace Schleswig, Germany
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Prophylactic was used - unable to state name
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Maine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears
in Item 4, above, that I am now 58 years of age, that I have known this person for 46 years, and that
Mrs. Joe Craddick who attended this birth cannot be located
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Mary Munsterman (Signature)
Brogan, Oregon P. O. Address

Subscribed and sworn to before me this 22nd day of January, 19 42
(SEAL) Notary Public, residing at Vale, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by Mabel Heiler, Registrar.

472 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331221-456 FEB 3 1942

331221

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **331221**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett Idaho

4. FULL NAME OF CHILD

Jesse Marion Stanley

5. Date of Birth of Child

(Month, day, year) Oct 10 - 1895

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edmund Eli Stanley
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Calif
(City or town) (State or foreign country)
14. Exact Occupation Sawmill operator
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie Elizabeth McWalt
17. Color White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Clarion Co. Penn
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child...../..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 47 years, and that Grandma Ohio, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Elizabeth Myers Signature
P. O. Address

Subscribed and sworn to before me this 31 day of Jan, 1942
(SEAL) Notary Public Notary Public, residing at Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 1942 by Marj E. Egan, Registrar.

FEB 8 1967

APR 21 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RECEIVED
APR 21 1970
VITAL STATISTICS
IDAHO

275-124020 863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 331290

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. 1.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. 1.

(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Troy, Idaho

5. Date of Birth of Child
(Month, day, year) 8-24-1895

4. FULL NAME OF CHILD Claude Kreisher

6. Sex Male

7. Twin or
Triplet No.

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Zeu I. Kreisher
11. Color White 12. Age at time
or Race of THIS birth 27 yrs.
13. Birthplace Frankfort, Indiana
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Clementine Yockey
17. Color White 18. Age at time
or Race of THIS birth 19 yrs.
19. Birthplace Rinard, Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 11:00 A.M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Myrtle Brock, who is
related to this child as aunt
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature M.D. Address Date
Midwife

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears
in Item 4, above, that I am now 56 years of age, that I have known this person for 46 years, and that
Dr. Scallon, who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Myrtle Brock Signature
9243 Burke Avenue, Seattle, Wn. P.O. Address

Subscribed and sworn to before me this 26th day of January, 1942

(SEAL)

Clara P. Fullerton Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

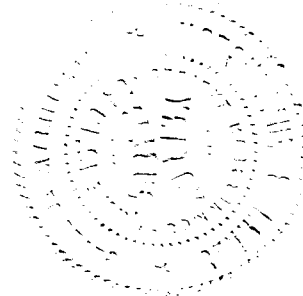
Received for filing on FEB 2 1942 by Mabel Z. Keifer Registrar.

1042

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



251 704 029 847

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **331348**
Local Reg. No.
Reg. Dist. No.

JAN 24 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Katah (b) City Pallatch
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Katah
(c) City near Pallatch
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

4. **FULL NAME OF CHILD** Walter Earl Bean

5. Date of Birth of Child
(Month, day, year) 10-4-1895

6. Sex male 7. Twin or Triplet X If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Willis J. Bean
11. Color white 12. Age at time of THIS birth 38 yrs.
13. Birthplace Bellevue Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Jane Hughes
17. Color white 18. Age at time of THIS birth 28 yrs.
19. Birthplace Pontiac Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Lewis

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 46 years, and that No doctor who attended this birth now I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Erva L. Cosby Signature
Craigmont, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of January, 1942
(SEAL) F. H. Amnell Notary Public, residing at Craigmont, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by Mabel Z. Lefner, Registrar.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

239 123 029 243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

JAN 28 1942

STATE OF IDAHO

331561

State File No.....

Local Reg. No.....

Reg. Dist. No.....

1. **PLACE OF BIRTH** **Latah**
(a) County..... (b) City..... **Genesee**
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....**5** years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... **Idaho** (b) County..... **Latah**
(c) City..... **Genesee**
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....**5** yrs.
(f) Mother's mailing address..... **Genesee, Idaho**

3. **RESIDENCE OF FATHER** (city, state)..... **Idaho**

4. **FULL NAME OF CHILD** **Harry John Stricker**

5. Date of Birth **4/23/1895**
(Month, day, year).....

6. Sex **Male**

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy **9**

9. Legitimate? **yes**

FATHER OF CHILD
10. **FULL NAME** **Henry Stricker**
11. Color **white** 12. Age at time **32**
or Race..... of THIS birth.....yrs.
13. Birthplace..... **Teutopolis, Ohio**
(City or town) (State or foreign country)
14. Exact Occupation..... **Laborer,**
15. Industry or Business..... **farming**

MOTHER OF CHILD
16. **FULL MAIDEN NAME** **Elizabeth Kuther**
17. Color or **white** 18. Age at time of **23**
Race..... THIS birth.....years
19. Birthplace..... **Siegel, Ill.**
(City or town) (State or foreign country)
20. Exact Occupation..... **house wife**
21. Industry or Business..... **farming**

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....**4** (b) Born alive and now living.....**3**
(c) Born alive and now dead.....**1** (d) Stillborn.....**no**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

26. (a) **JAN 28 1942** (b) **Joe Trautman**
(Date received) (Registrar's signature)
27. Given name added on.....by.....
(Registrar's signature)

25. Attendant's
OWN signature.....M.D. or.....
(D.O., Midwife, etc.)
and address.....Date

State of..... **Idaho**
County of..... **Latah** } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, **Joe Trautman**, being first duly sworn, say that I am.....**acquainted with**
Harry John Stricker, & **knew his Father & Mother, well**, (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that.....**Dr. Ehlen**, who attended
said birth.....**now deceased** (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has **not been previously recorded**.

Subscribed and sworn to before me on this.....

26th day of.....**January**.....**1942**.

(SEAL)

Notary Public, residing at.....**Genesee, Idaho**

Name

P. O. Address

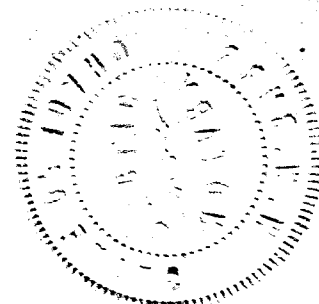
FEB 6 1942

SEP 2 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



154 126-016-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **331585**
Local Reg. No.
Reg. Dist. No.

JAN 27 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Sublett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City Sublett
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6.3 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD

Samuel Andrews

5. Date of Birth of Child
(Month, day, year) Oct. 26 1896

6. Sex

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate?

10. FULL NAME

Isaac Alvin Andrews

11. Color white 12. Age at time
or Race of THIS birth 31 yrs.
13. Birthplace Salt Lake Utah U.S.A.
(City or town) (State or foreign country)

14. Exact
Occupation Farmer
15. Industry or
Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME

Sarah Ann Horn

17. Color white 18. Age at time
or Race of THIS birth 23 yrs.
19. Birthplace Idaho U.S.A.
(City or town) (State or foreign country)

20. Exact
Occupation Housewife
21. Industry or
Business wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

25. Attendant's OWN signature

M.D.
Midwife

Address

Date

State of California
County of Riverside } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 69 years of age, that I have known this person for 47 years, and that
(First name) (Last name) who attended this birth. (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 17 day of January, 1942
(SEAL) Sgt. J. E. Smith Justice of Peace, residing at 599 Center St.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91, Idaho Code Annotated.) Higginore

Received for filing on JAN 27 1942 by Marj Zeller Registrar.

FEB 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 2 1942

331655

State File No.....

Local Reg. No.....

Reg. Dist. No.....

1. PLACE OF BIRTH: **near**
(a) County... **Latah** (b) City... **Potlatch**
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
none
(e) Mother's stay BEFORE delivery:
In **Home** or **Mom** Home.....days.
In THIS county **2** years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State... **Washington** (b) County... **Lincoln**
(c) City... **Davenport**
(d) Street Address or R.F.D. No... **none**
(e) How long has MOTHER lived in Idaho? **50** yrs.
(f) Mother's mailing address... **Davenport, Washington**
3. RESIDENCE OF FATHER (city, state) **deceased**

4. FULL NAME OF CHILD **Grace Stallmon**

5. Date of Birth
(Month, day, year) **March 13, 1895**

6. Sex **female** 7. Twin or Triplet **no** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME **George Wesley Stallmon**
11. Color **white** 12. Age at time of THIS birth **51** yrs.
13. Birthplace **near Greenville, Green Co. Tennessee**
(City or town) (State or foreign country)
14. Exact Occupation **farmer and stockman**
15. Industry or Business

16. FULL MAIDEN NAME **Dillie Brock**
17. Color or Race **white** 18. Age at time of THIS birth **27** years
19. Birthplace **Greene County near Springfield Missouri**
(City or town) (State or foreign country)
20. Exact Occupation **housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child **6** (b) Born alive and now living **5**
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a) **FEB 2 1942** (b) **Grace Stallmon**
(Date received) (Signature)

25. Attendant's
OWN signature.....M.D. or (D.O., Midwife, etc.)
and address Date

27. Given name added on.....by.....
(Registrar's signature)

State of **Washington**
County of **Lincoln** } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **Dillie Stallmon**, being first duly sworn, say that I am.....related to
Grace Stallmon as **mother**, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....**Mrs. Crawford**, who attended said birth **is now deceased** and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this **24** day of **September, 1940**

(SEAL)

Notary Public, residing at **Davenport, Wash.**

FEB 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such person may be punished with a fine of not more than \$100, payable to the Bureau of Vital Statistics for the purpose and uses provided in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



864 212 022 281

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331719
Local Reg. No.
Reg. Dist. No.

JAN 30 1942

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Fremont (b) City Lyman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Farm Home
(e) Mother's stay BEFORE delivery:
IN THIS county 5 years 8 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Fremont
(c) City Lyman
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Lyman, Idaho

4. FULL NAME OF CHILD

Ireva Gladys Young Walsh

5. Date of Birth of Child

(Month, day, year) Aug 12 1935

6. Sex

Female

7. Twin or Triplet

1st so-born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

yes

FATHER OF CHILD

10. FULL NAME

William John Young

11. Color or Race

white

12. Age at time of THIS birth

23 yrs.

13. Birthplace

Fairfield

Utah

14. Exact Occupation

Farmer

15. Industry or Business

Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Sharp

17. Color or Race

white

18. Age at time of THIS birth

19 yrs.

19. Birthplace

Smithfield

Utah

20. Exact Occupation

Housewife

21. Industry or Business

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is

related to this child as.....

(First name)

(Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of UTAH

County of Davis

} ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 46 years, and that

Mrs. Walsh, who attended this birth is now deceased. I further state that

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

Bountiful, Utah

.....P. O. Address

Subscribed and sworn to before me this 12th day of January, 1942..

(SEAL)

My Commission expires March 22, 1945 Notary Public, residing at Bountiful, Utah

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

JAN 30 1942

by

Mary E. Fisher

Registrar.

FEB 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-120-022-855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **331720**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: 13 years 13 months 13 days
IN THIS county

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby-1
(d) Street Address or R.F.D. No. #1
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
3. **RESIDENCE OF FATHER** (city, state) Rigby-Idaho

4. **FULL NAME OF CHILD** Samuel Theodore Harmon

5. Date of Birth of Child
(Month, day, year) January 20-1895

6. Sex male 7. Twin or single If so—born 1st, 2nd, 3rd 4 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Allen I. Harmon
11. Color white 12. Age at time of THIS birth 25 yrs.
13. Birthplace Clarkston, Utah.
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Louisa Henderson
17. Color white 18. Age at time of THIS birth 26 yrs.
19. Birthplace Brigham City, Utah
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont remember
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign
..... was present in item 25 at his birth

I, the undersigned, being first duly sworn, say that I am the neighbor of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for since his birth years, and that Martha Brian who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Harriet A. Jones Signature
Rigby, Idaho. P. O. Address

Subscribed and sworn to before me this 21 day of January, 1942
(SEAL) Beath R. Bennett Notary Public, residing at Rigby, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

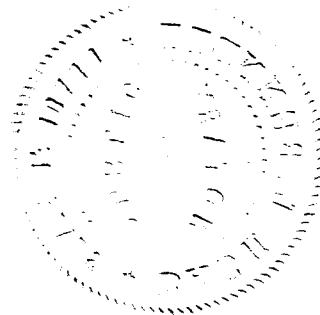
Received for filing on JAN 30 1942 by Marj Hester, Registrar.

FEB 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



713-209 016-843

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

FEB 7 1942

State File No. **331820**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County... Cassia (b) City... Sublett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
born on a farm
(e) Mother's stay **BEFORE** delivery:
IN THIS county 19 years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State... Idaho (b) County... Cassia
(c) City... Sublett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 64 yrs.
3. **RESIDENCE OF FATHER** (city, state) Sublett, Ida.

4. **FULL NAME OF CHILD** Pearl Galliher

5. Date of Birth of Child
(Month, day, year) Sept. 9 - 1895

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Galliher
11. Color White 12. Age at time of THIS birth... 21 yrs.
13. Birthplace... Sublett, Idaho
(City or town) (State or foreign country)
14. Exact Occupation... Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabell Hutchenson
17. Color White 18. Age at time of THIS birth... 19 yrs.
19. Birthplace... Spanish Fork, Utah
(City or town) (State or foreign country)
20. Exact Occupation... Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child... 2 (b) Born alive and now living... Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of... Idaho } ss.
County of... Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mather of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 46 (46) years, and that Mary Christensen is now deceased, who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Isabel Galliher Signature
Matta Idaho P. O. Address

Subscribed and sworn to before me this 26 day of January, 1942
(SEAL) Mary Public, residing at MAITA IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 7 1942 by Mary Public, Registrar.

FEB 28 1960

SEP 20 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

962120 029-313

331888

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

FEB 2 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County LATAH (b) City KENDRICK
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County LATAH
(c) City KENDRICK
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 55 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO

4. FULL NAME OF CHILD ERNEST PAUL ROBERTS

5. Date of Birth of Child
(Month, day, year) Feb. 20, 1895

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME FRANK W. ROBERTS
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace HARRISBERG PENN.
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME OLIVE E. CALLISON
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace LA SENE KANSAS
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 51 years, and that Unknown, who attended this birth cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank W. Roberts Signature
KENDRICK, IDAHO P. O. Address

Subscribed and sworn to before me this 31st day of Jan. 1942
(SEAL) Notary Public, residing at Kendrick
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Maude E. Eder Registrar.

FEB 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

256 703 016 751

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **331939**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho 18 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Milton Dean Snodgrass

5. Date of Birth of Child
(Month, day, year) July 3, 1895

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Wilson Snodgrass
11. Color white 12. Age at time of THIS birth 53 yrs.
13. Birthplace Illinois
(City or town) (State or foreign country)
14. Exact Occupation Merchant (general)
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Louise Pearson
17. Color white Amer. 18. Age at time of THIS birth 40 yrs.
19. Birthplace Plymouth, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Albion, Idaho M. on the date July 3, 1895 and at the place stated above, and that personal particulars were furnished by James Wilson Snodgrass, who is related to this child as father (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature Idaho M.D. Idaho Address Idaho Date Idaho

State of Idaho County of Bannock } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4 above that I am now 53 years of age, that I have known this person for 46 years, and that RT Story M.D., who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daisy Snodgrass Stanley Signature
337 W. 2nd St., Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of February, 1942
(SEAL) [Signature] Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 1, 1942 by Mary J. Fisher, Registrar.

JUN 12 1948

~~JUN 12 1948~~

JUN 14 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

815-218-029-599

331993

331993

United States (Be sure the information is as of date of birth of THIS child)
Department of Commerce **FEB 14 1942** **CERTIFICATE OF BIRTH**
Bureau of Census STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH
(a) County Idaho (b) City Moscow
(c) Street Address or R.F.D. No. 1st St
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 3 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Moscow
(d) Street Address or R.F.D. No. 1st St
(e) How long has MOTHER lived in Idaho? 49 yrs.
(f) Mother's mailing address Moscow Idaho

4. FULL NAME OF CHILD Agnes De Mar Hansen
Twin or If so—born
3. Sex female Triplet 1st, 2nd, 3rd 2nd

5. Date of Birth (Month, day year) Jan 18, 1895
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME John L. Hansen
11. Color or Race white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Nyptad Denmark
(City or town) (State or foreign country)
14. Exact Occupation Cement worker
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Betsy Erickson
17. Color or Race white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Skien Norway
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living 6
(c) Born alive and now dead none (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at _____ at _____ P. M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by John Hansen, who is related to this child as father (First name) (Last name)
(Mother, etc.)

26. (a) FEB 14 1942 (b) _____
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Idaho

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John Hansen, being first duly sworn, say that I am related (Related to (or) acquainted with)
Agnes De Mar Hansen as father, whose birth certificate appears above; and that I desire to have the said birth recorded under Chapter 139, 1937, Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Watkins, who attended said birth, deceased and that this birth has not been previously recorded.
(is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 24th day of July 1941
(SEAL) W. Mulgandy Notary Public, residing at MOSCOW IDAHO
Signature _____ P. O. Address _____
John Hansen MOSCOW, IDAHO

SEP 22 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. NAME—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Fremont
City of Lewisville, Idaho
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

332038

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD John Gaylord Shurtleff

3. Sex Male If plural { 4. Twin, triplet, or other _____
births { 5. Number, in order of birth 12 6. Premature _____ 7. Legiti-
mate? Yes 8. Date of birth July 7, 1895
(Month, Day, Year)

9. Full name FATHER
Charles Vinson Shurtleff

18. Full maiden name MOTHER
Nancy Alinza Smith

10. Residence (usual place of abode)
(If non-resident, give place and State) Lewisville, Idaho

19. Residence (usual place of abode)
(If non-resident, give place and State) Lewisville, Idaho

11. Color or race White 12. Age at last birthday 38 (years)

20. Color or race White 21. Age at last birthday 35 (years)

13. Birthplace (city or place) Ogden, Utah
(State or Country)

22. Birthplace (city or place) Farmington, Utah
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. farm house

16. Date (month and year) last engaged in this work
July 7, 1895

25. Date (month and year) last engaged in this work
July 7, 1895

17. Total time (years) spent in this work 11 yrs

26. Total time (years) spent in this work 21 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? boric acid

28. Number of children of this mother (At time of this birth and including this child)
12 (a) Born alive and now living 10 (b) Born alive but now dead 2 (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

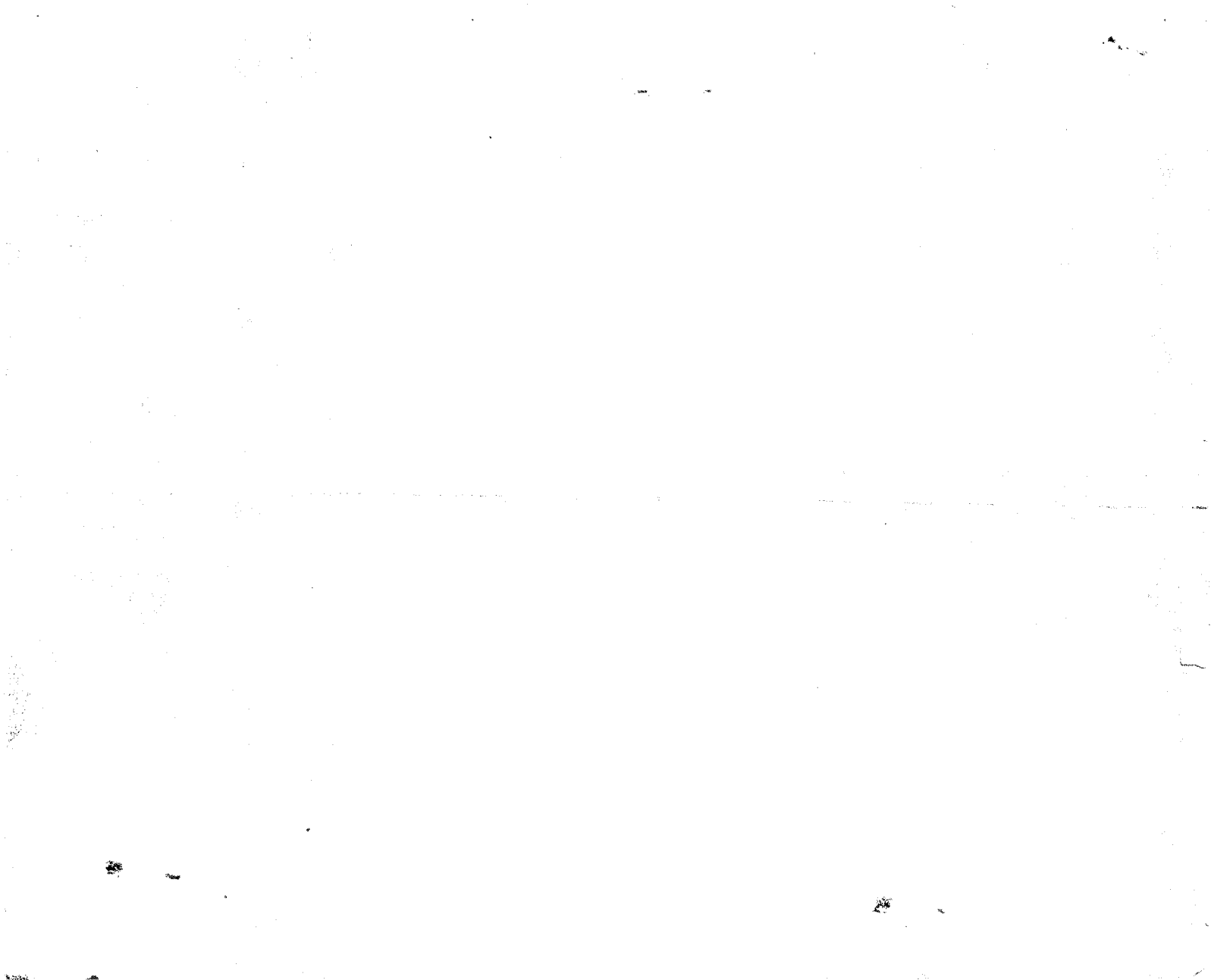
I hereby certify that I attended the birth of this child, who was _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) Harold Shurtleff
or Pocahontas Idaho
Address 1031 East 4th St
Filed January 30, 1942
Registrar.

FEB 11 1942



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH

BUREAU OF VITAL STATISTICS

State of Idaho

County of ~~Freemont~~ Bannock

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Warren L. Shurtleff

being first duly sworn says that

he is the brother of John Gaylord Shurtleff
(Relationship of child)*

born July 7, 1895 at Lewisville, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that John Gaylord Shurtleff desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said John Gaylord Shurtleff

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

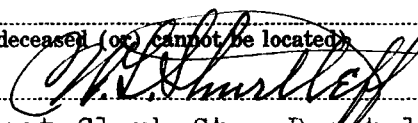
Affiant further states that Mrs. Dabell

~~was~~ was the
Midwife

medical attendant at the birth of said John Gaylord Shurtleff and that

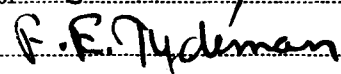
the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant 

P. O. Address 1021 East Clark St., Pocatello, Idaho

Subscribed and sworn to before me this 30th day of January, 1942



Notary Public.

Residing at Pocatello, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

693-212-035-997

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 11 1942

State File No. **332142**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez. Perces (b) City Lewiston
(c) Street Address or R.F.D. No. J. Street
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez. Perces
(c) City Lewiston
(d) Street Address or R.F.D. No. J. Street
(e) How long has **MOTHER** lived in Idaho? 1/2 yrs.
3. **RESIDENCE OF FATHER** (city, state) Lewiston, Idaho

4. **FULL NAME OF CHILD** HILDA ESTHER WILLIAMSON

5. Date of Birth of Child
(Month, day, year) Nov. 12, 1895

6. Sex female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd - 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Guy Oliver Williamson
11. Color White 12. Age at time of THIS birth 20 yrs.
13. Birthplace Des Moines, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Cook
15. Industry or Business restaurant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lura Dell Riggs
17. Color white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Salem, Oregon
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of LOS Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 46 years, and that Sarah Jane Riggs Orendorff, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lura Dell Riggs Williamson Signature
506 N. Wilson Ave. Pasadena, Calif. P. O. Address

Subscribed and sworn to before me this 8th day of February, 1942
(SEAL) Edith Thompson Willey Notary Public, residing at Pasadena, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

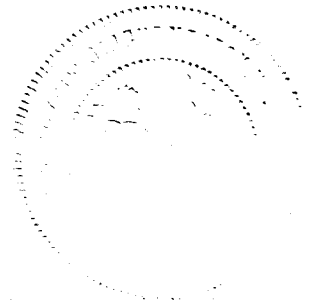
Received for filing on FEB 11 1942 by Mabel H. Fisher, Registrar.

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



312-120-020-367

322186

332186

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

FEB 14 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Elmore (b) City Pine
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home of parents
(e) Mother's stay BEFORE delivery: 20 years 0 months 0 days
IN THIS county

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Pine
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.
3. **RESIDENCE OF FATHER** (city, state) Pine, Idaho

4. **FULL NAME OF CHILD** William Osborne Casey
6. Sex male 7. Twin or Triplet 0 If so—born 1st, 2nd, 3rd 0
8. No. months of Pregnancy 9 9. Legitimate? Yes

5. Date of Birth of Child (Month, day, year) April 20 1895

FATHER OF CHILD
10. **FULL NAME** John Henry Casey
11. Color white 12. Age at time of THIS birth 63 yrs.
13. Birthplace Clinton County, Illinois
(City or town) (State or foreign country)
14. Exact Occupation farmer and mill operator
15. Industry or Business agriculture and sawmill

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Elizabeth Jane Cox
17. Color white 18. Age at time of THIS birth 36 yrs.
19. Birthplace Randolph County, Indiana
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Elmore

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 47 years, and that Dr. Locke, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Ellen Caldwell Signature
Mountain Home, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of January, 19 42
(SEAL) Edna L. Casey Notary Public, residing at Mountain Home, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by Edna L. Casey Registrar.

FEB 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-204-025-234

332220

332220

United States (Be sure the information is as of date of birth of THIS child) State File No. 332220
Department of Commerce
Bureau of Census
CERTIFICATE OF BIRTH
STATE OF IDAHO **FEB 9 1942** Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Idaho (b) City Max Koosher
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
IN THIS county Ida years 8 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address.

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Othel McLean
5. Date of Birth (Month, day year) Feb 4 1895
6. Sex girl 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Alexandra L McLean
11. Color or Race white 12. Age at time of THIS birth 27 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Bever Stuart
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace (City or town) (State or foreign country) Jefferson Nevada
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2
(c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) **FEB 9 1942** (b)
(Date received) (Registrar's signature)
27. Given name added on by
(Registrar's signature)

25. Attendant's **OWN** signature M.D.
(D.O., Midwife, etc.)
and address Date

State of Washington ss.
County of Lewis
I, Bora McLean, being first duly sworn, say that I am related to
(Name of person on certificate above) (State relationship or acquaintance)
Othel McLean Johnson as mother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that husband, who attended said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

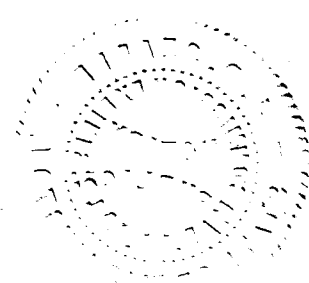
Subscribed and sworn to before me on this 5th day of February 1942
(SEAL) [Signature] Notary Public, residing at Chelan, Wash.
Signature Bora McLean P. O. Address 8 N. Main Wash.

FEB 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (a) County Latah (b) City Viola
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: no record
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Viola
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Viola

3. RESIDENCE of FATHER (city, state) Viola Ids.

4. FULL NAME OF CHILD Leta Elizabeth Rothwell 5. Date of Birth (Month, day, year) Aug. 22, 1895
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy no 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME James Madison Rothwell
11. Color or Race White 12. Age at time of THIS birth 48 yrs.
13. Birthplace St. Louis Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD
16. FULL MAIDEN NAME Ida Belle Bristow
17. Color or Race white 18. Age at time of THIS birth 35 yrs.
19. Birthplace Hamilton Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum no record
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead none (d) Stillborn one

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 12 A.M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by George Rothwell, who is related to this child as Brother (first name) (Last name)

26. (a) JAN 22 1942 (Date received) (b) George Rothwell (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature Mary Allen (Mo., Midwife, etc.)
and address 102 S. Lally Date 12/5-1941

State of Idaho } ss.
County of Latah

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Allen, being first duly sworn, say that I am acquainted with Leta Elizabeth Rothwell as acquaintance (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, (Name of attendant at birth) who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

FEB 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-214-20 FEB 17 1942

332459

332459

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County... Ada (b) City... Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State... Idaho (b) County... Ada
(c) City... Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
3. **RESIDENCE OF FATHER** (city, state) Meridian Ida

4. **FULL NAME OF CHILD** Hattie May Casey

5. Date of Birth of Child
(Month, day, year) Dec. 14 1895

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jay Critindon Casey
11. Color white 12. Age at time of THIS birth 34 yrs.
13. Birthplace... Illinois
(City or town) (State or foreign country)
14. Exact Occupation... farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Elizabeth Jimerson
17. Color white 18. Age at time of THIS birth 27 yrs.
19. Birthplace... Illinois
(City or town) (State or foreign country)
20. Exact Occupation... housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum water
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of... California
County of... Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the older sister of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 46 years, and that Mrs. Mills midwife, who attended this birth is now dead I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Casey Thompson Signature

1814 W. 12th Los Angeles, Calif P. O. Address

Subscribed and sworn to before me this 13 day of February, 1942

(SEAL)

Notary Public, residing at Los Angeles, Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

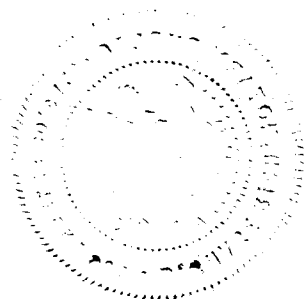
Received for filing on Feb 17 1942 by Mabel Fisher Registrar.

FEB 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



259-113 02

9-413

332609

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 9 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Avon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Avon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
3. **RESIDENCE OF FATHER** (city, state) Avon, Idaho

4. **FULL NAME OF CHILD** Walter Berry
6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

5. Date of Birth of Child
(Month, day, year) March 13, 1895

FATHER OF CHILD
10. **FULL NAME** James Andrew Berry
11. Color white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Bradley County, Arkansas
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Emma Elva Dora Matthews
17. Color white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Oswego, Labet Co., Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 46 years, and that Mrs. Oglesby who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thos Etta Mae Snow Signature
Route 1, Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of February, 1942
(SEAL) Lawrence E. Huff Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by Maude E. E. E. E. Registrar.
My Commission Expires Dec. 19, 1942

Notary Public in for the State of Idaho
Residing at Moscow, Idaho
My Commission Expires Dec. 19, 1942

FEB 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

691 205 003-292

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 13 1942

332812

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. no recollection
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County _____
(c) City Pocatello
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

4. **FULL NAME OF CHILD** Virginia Beatrice Frankenberger

5. Date of Birth of Child
(Month, day, year) May 5, 1895

6. Sex female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Benjamin S. Frankenberger
11. Color white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Connellsville Penn.
(City or town) (State or foreign country)
14. Exact Occupation chef
15. Industry or Business restaurant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Francis Sisson
17. Color white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Higginsville, Mo.
(City or town) (State or foreign country)
20. Exact Occupation home maker
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by X _____, who is related to this child as X _____ (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature X IDAHO M.D. _____ Midwife _____ Address X _____ Date _____
State of IDAHO County of IDAHO } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 30 years of age, that I have known this person for 47 years, and that X Dr. Moore, who attended this birth X cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs. Jennie Frankenberger Signature
X Coronado, California P. O. Address

Subscribed and sworn to before me this 11 day of Feb, 1942
(SEAL) W. L. de Moorhead Notary Public, residing at 24 28 Natl ave
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) San Diego Calif

Received for filing on FEB 13 1942 by W. L. de Moorhead Registrar.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

817 210016 449

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

332927

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No. N.E.N.E.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 6 years 6 months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

4. FULL NAME OF CHILD Minnie Honor Hagar

5. Date of Birth of Child
(Month, day, year) Nov. 10, 1895

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Frederick Hagar
11. Color or Race Anglo-Saxon 12. Age at time of THIS birth 57 yrs.
13. Birthplace Berlin Germany
(City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Mercantile

MOTHER OF CHILD
16. FULL MAIDEN NAME Louise Meri Murray
17. Color or Race Anglo-Saxon 18. Age at time of THIS birth 37 yrs.
19. Birthplace Sugar House, Utah
(City or town) (State or foreign country)
20. Exact Occupation Merchant
21. Industry or Business Mercantile

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child ✓ (b) Born alive and now living ✓

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Cassia

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 47 years, and that DR. R. D. Storey who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise Meri Hagar Signature
Albion Idaho P. O. Address

Subscribed and sworn to before me this 10th day of February, 1942:
(SEAL) [Signature] Notary Public, residing at Albion, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

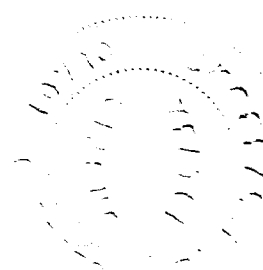
Received for filing on FEB 13 1942 by [Signature] Registrar.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Recrib typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

-315 229 035-318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **332954**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Skookum Hotel
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. Skookum Hotel
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
3. **RESIDENCE OF FATHER** (city, state) Lewiston, Ida.

4. **FULL NAME OF CHILD** MARY ALICE TANGHE

5. Date of Birth of Child
(Month, day, year) Apr. 29, 1895

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Tanghe
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace France
(City or town) (State or foreign country)
14. Exact Occupation Hotel Owner & operator
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Lela Taylor
17. Color White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Cornelius Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 3:30 A. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)
25. Attendant's Dr. McKenzie, deceased M.D.
OWN signature Hannah Brand, deceased, Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 46 yrs 10 months, and that Dr. McKenzie, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 132, 1937 Session Laws.

Harry H. Taylor Signature
1723 West Sharp Ave., Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 17 day of February, 19 42.
(SEAL) Laine A. Peterson Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by , Registrar.

SEP 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

333033

765-229 045 693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 16 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Albion (b) City Hailey
(c) Street Address or R.F.D. No. Bullion St
(d) Name of Hospital or Maternity Home: ..
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years 10 months 0 days

4. FULL NAME OF CHILD Ada Salisbury Povey

6. Sex Female 7. Twin or Triplet .. If so—born 1st, 2nd, 3rd ..

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Albion
(c) City Hailey
(d) Street Address or R.F.D. No. Bullion St
(e) How long has MOTHER lived in Idaho? 4 10 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey, Ida.

5. Date of Birth of Child May 29, 1895
(Month, day, year)

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Povey
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Liverpool England
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business ..

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Wilson
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Liverpool England
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ..

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Blaine

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4 above, that I am now 7 8 years of age, that I have known this person for 4 6 years, and that D. Higgins who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Povey Signature
Hailey Idaho P. O. Address

Subscribed and sworn to before me this 14 th day of February, 1942.
(SEAL) R. H. McCoy Notary Public, residing at Hailey Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by Maude E. Eider Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

EX-1002
10-15-40

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **333056**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County..... **Canyon**..... (b) City..... **Nampa**.....
(c) Street Address or R.F.D. No. **1**.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county **1** years **6** months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State..... **Idaho**..... (b) County..... **Canyon**.....
(c) City..... **Nampa**.....
(d) Street Address or R.F.D. No. **1**.....
(e) How long has **MOTHER** lived in Idaho? **11** yrs.
3. **RESIDENCE OF FATHER** (city, state) **Nampa, Idaho**

4. **FULL NAME OF CHILD**..... **Frederik Carl Jacobsen**.....
6. Sex **Male**.....
7. Twin or Triplet..... If so—born 1st, 2nd, 3rd.....

5. Date of Birth of Child
(Month, day, year) **April 10 1895**

8. No. months of Pregnancy **9**.....
9. Legitimate? **Yes**

FATHER OF CHILD

10. **FULL NAME** **Anders Christian Jacobsen**.....
11. Color **White**..... 12. Age at time of THIS birth..... **33** yrs.
13. Birthplace..... **Villestofta Denmark**.....
(City or town) (State or foreign country)
14. Exact Occupation..... **Farmer**.....
15. Industry or Business.....

MOTHER OF CHILD

16. **FULL MAIDEN NAME** **Hannah Petersen**.....
17. Color **White**..... 18. Age at time of THIS birth..... **28** yrs.
19. Birthplace..... **Odense Denmark**.....
(City or town) (State or foreign country)
20. Exact Occupation..... **Housewife**.....
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum..... **200 cc. ntr.**
23. Number of children of this mother: (a) At time of birth and including this child..... **6**..... (b) Born alive and now living..... **4**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born alive** at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by..... **Hannah Jacobsen**....., who is
related to this child as..... **Mother**.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature..... **J H Murray**..... M.D. **Midwife**..... Address..... **Nampa Ida**..... Date..... **FEB 21 1942**

State of..... } ss.
County of..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears
in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that
(First name) (Last name) (Is now deceased) or (Cannot be located)
....., who attended this birth..... I further state that
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this..... day of....., 19.....
(SEAL)..... Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on..... **FEB 24 1942**..... by..... **Marcel F. Elder**....., Registrar.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319 127 016 155

333091

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County CASSIA (b) City ROCK CREEK
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County CASSIA
(c) City ROCK CREEK
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 44 yrs.

3. **RESIDENCE OF FATHER** (city, state) ROCK CREEK
5. Date of Birth of Child IDAHO
(Month, day, year) MAY, 27, 1925
6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD
10. **FULL NAME** HANS PETER LARSEN
11. Color or Race WHITE 12. Age at time of THIS birth 33 yrs.
13. Birthplace DENMARK
(City or town) (State or foreign country)
14. Exact Occupation CATTLE RANCH
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** MARY JENSEN
17. Color or Race WHITE 18. Age at time of THIS birth 29 yrs.
19. Birthplace DENMARK
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO } ss.
County of TWIN FALLS

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the AUNT of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 46 years, and that MRS. MARY HANSEN, who attended this birth IS NOW DECEASED I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

Annah Petersen Signature
HANSEN IDAHO P. O. Address

Subscribed and sworn to before me this 27 day of February, 1925
(SEAL) Clifford S. Feltis Notary Public, residing at Timbule Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

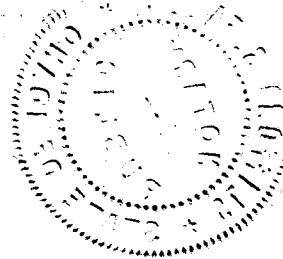
Received for filing on FEB 26 1925 by Mrs. H. H. H. Registrar.

MAR 9
FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



515 712 006-515

333253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 25 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bennett (b) City Idaho Falls
(c) Street Address or R.F.D. No. 5 Five
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bennett
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 5
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Joseph Merlin Vance

5. Date of Birth of Child
(Month, day, year) Dec. 12, 1895

6. Sex Male **7. Twin or Triplet** No **If so—born 1st, 2nd, 3rd**

8. No. months of Pregnancy Normal **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Joseph Stephen Vance
11. Color or Race White **12. Age at time of THIS birth** 41 yrs.
13. Birthplace Salt Lake City Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Alice Van Valkenberg
17. Color or Race White **18. Age at time of THIS birth** 37 yrs.
19. Birthplace Salt Lake City Utah
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature **M.D.** **Midwife** **Address** **Date**

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 46 years, and that Lydia Dabell, who attended this birth is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Willis Albert Vance Signature
Lynwood, California P. O. Address

Subscribed and sworn to before me this 19th day of February, 19 42
(SEAL) A. L. Young Notary Public, residing at Lynwood, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mary E. Fisher, Registrar.

1 FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **334233**
Local Reg. No.
Reg. Dist. No.

FEB 20 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Rootenai (b) City Post Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay BEFORE delivery:

IN THIS county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Rootenai
(c) City Post Falls
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Alice Lillian Mitchell

5. Date of Birth of Child
(Month, day, year) March 29-1895

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mo 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Mitchell
11. Color white 12. Age at time of THIS birth 44 yrs.
13. Birthplace New York City N.Y.
(City or town) (State or foreign country)
14. Exact Occupation House Painter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora Agnes Williamson
17. Color white 18. Age at time of THIS birth 34 yrs.
19. Birthplace Steamboat Rock Iowa
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 46 years, and that Grandma Veart who attended this birth now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Flora A. Mitchell Signature
#408 Monroe Apts. Spokane, Con. P. O. Address

Subscribed and sworn to before me this 17th day of February, 1942
(SEAL) J. J. Green Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by Marj H. Fisher, Registrar.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168 125020-366

334243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 20 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Elmore (b) City Rocky Bar
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Rocky Bar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
3. **RESIDENCE OF FATHER** (city, state) Rocky Bar, Ida.

4. **FULL NAME OF CHILD** William Thomas Johnston
male
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) Nov. 25, 1895

8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Thomas Johnston
11. Color white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Grand Island, Neb.
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Olevia Lowrance
17. Color white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Barbar County, Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boratic
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 9 P.A.M. on the date Florence Olevia Johnston Briggs
(Born alive, stillborn) (First name) (Last name)
and at the place stated above, and that personal particulars were furnished by Mother, who is related to this child as Mother.
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Address Deceased Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 47 years, and that Mrs. M Laughlin who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence O Johnston Briggs Signature
Stites, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of February, 1942.
(SEAL) V. B. Anderson Notary Public, residing at Stites, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

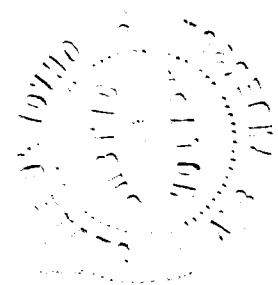
Received for filing on FEB 20 1942 by L. J. Butler, Registrar.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693-217044819

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. **334251**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 19 1942

1. PLACE OF BIRTH

(a) County **WASHINGTON** (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN THIS county **16** years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State **IDAHO** (b) County **Washington**
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **10** yrs.
(f) Mother's mailing address **WILBURIS**

3. RESIDENCE of FATHER (city or state) **WILBURIS, IDAHO**

4. FULL NAME OF CHILD

POLLY GERTRUDE WILLBURN

5. Date of Birth

(Month, day year) **Aug. 17 - 1895**

6. Sex FEMALE

7. Twin or Triplet

If so - born
1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

William Jasper Willburn

11. Color or Race

White

12. Age at time of THIS birth

59 yrs.

13. Birthplace

Jackson Co. Missouri
(City or town) (State or foreign country)

14. Exact Occupation

Stock Raiser

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Catherine Harris

17. Color or Race

White

18. Age at time of THIS birth

85 yrs.

19. Birthplace

Honolulu Hawaii
(City or town) (State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child

7

(b) Born alive and now living 4

(c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 12 P. M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by **Mary Willburn** who is related to this child as **mother**
(First name) (Last name)

26. (a) (Date received)

(b) Mary Willburn
(Mother, etc.) (Registrar's signature)

25. Attendant's OWN signature

M.D.

27. Given name added on by

(Registrar's signature)

and address

Date (D.O., Midwife, etc.)

State of }
County of } **ss.**

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, MARY C. WILLBURN,

being first duly sworn, say that I am **RELATED**

(Related to (or) acquainted with)

POLLY GERTRUDE WILLBURN, as **MOTHER**

(State relationship or acquaintance)

whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **TOX. BRANNON**, who attended

(Name of attendant at birth)

said birth **DECEASED**

(Is now deceased (or) cannot be located)

and that this birth has not been previously recorded.

Mary C. Willburn

Signature

921 South 7th St. MARSHFIELD, ORE. P. O. Address

Subscribed and sworn to before me on this **13** day of **FEBRUARY** 19**42**

(SEAL)

S. A. Kester

Notary Public, residing at **78 Chestnut Ave Marshfield, Ore**

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-123-044-652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 18 1942

State File No. **334285**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth).
(a) County **WASHINGTON** City **Alpine**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Washington**
(c) City **Alpine**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **5** yrs.

4. FULL NAME OF CHILD **ROBERT SOLEN WILKERSON**
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate?

5. Date of Birth of Child (Month, day, year) **Dec 23, 1895**

FATHER OF CHILD
10. FULL NAME **Millard Lynn Wilkerson**
11. Color **White** 12. Age at time of THIS birth **40** yrs.
13. Birthplace **Springfield, Ill.**
(City or town) (State or foreign country)
14. Exact Occupation **Farming**
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME **Harriet Josephine West**
17. Color **White** 18. Age at time of THIS birth **28** yrs.
19. Birthplace **Salem, Ore.**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **1**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)
25. Attendant's OWN signature M.D. Midwife Address Date

State of **Idaho** County of **Adams** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mary Denny** of the person whose name appears in Item 4, above, that I am now **54** years of age, that I have known this person for **46** years, and that **Anna Wilkerson**, who attended this birth **Deceased**, I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Denny Signature
Indian Valley, Idaho. P. O. Address

Subscribed and sworn to before me this **17** day of **Feb**, 1942
(SEAL) **P. H. Ware**

Notary Public, residing at **Indian Valley**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) **Idaho**

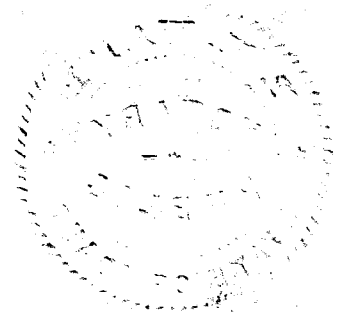
Received for filing on **FEB 18 1942** by **M. J. Butler**, Registrar.

FEB 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires in advance payment of fifty cents, money order or coin.

814 108 035 893

334319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lewis (b) City Nez Perce
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nez Perce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nez Perce, Ida

4. **FULL NAME OF CHILD** Robert Lee Hamilton
6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) March 8, 1895
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Robert Albert Hamilton
11. Color white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Missouri
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lucy Emma Hickman
17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Kansas City, Missouri
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend of family of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for life years, and that all attendants who attended this birth are now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Wallace L. Masterson Signature
Lapwai, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of February, 1942.
(SEAL) Notary Public Notary Public, residing at Lapwai, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by Mabel Z. Keeler, Registrar.

FFB 1-1-42

MAR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

315-719 014-213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **334326**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Boise (b) City PO - Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county years months days

4. FULL NAME OF CHILD

Howard Harper Tanner

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Neyman Tanner
11. Color White 12. Age at time of THIS birth yrs.
13. Birthplace Boise City, Utah
(City or town) (State or foreign country)
14. Exact Occupation Common Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rachel Marie Bach
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Elk Grove, California
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife

Address

Date

State of California ss.
County of San Diego

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 47 years, and that Mary L. Richardson who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lallie E. Wilkie

Signature

2126 Grove St. National City, Calif.

P. O. Address

My Commission Expires March 17, 1945

Subscribed and sworn to before me this 18 day of February, 1942

NOTARY PUBLIC

(SEAL)

IN AND FOR THE COUNTY OF SAN DIEGO, STATE OF CALIFORNIA

Notary Public, residing at National City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

FEB 24 1942

by

Marcel H. Lefebvre

Registrar.

SEP 11 1959

FEB 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

334447

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Adams (b) City Fruitvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years 7 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Fruitvale Washington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
3. **RESIDENCE OF FATHER** (city, state) Fruitvale Idaho

4. **FULL NAME OF CHILD** Alma Esther Ferguson

5. Date of Birth of Child
(Month, day, year) 3-19-1895

6. Sex Female 7. Twin or Triplet None If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Oscar Randal Ferguson
11. Color white 12. Age at time of THIS birth 43 yrs.
13. Birthplace Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mannah Alice Crawford
17. Color white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Bohler Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon County of Clatsop } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for years, and that Nath Addington, who attended this birth deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mannah Alice Crawford Ferguson Signature
Elk Creek California P. O. Address

Subscribed and sworn to before me this day of February, 1945
(SEAL) Notary Public Residing at Bohler Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 11-914, Idaho Code.) NOV. 24, 1945

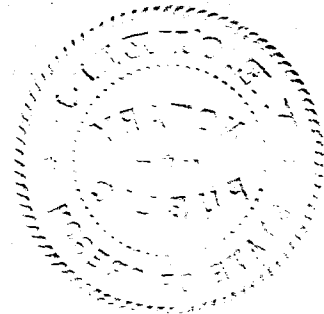
Received for filing on FEB 20 1942 by M. H. Fisher Registrar.

27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



286-124 029 632

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

334498
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Satah (b) City Troy
(c) ~~Street~~ Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Farm home
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Satah
(c) City Troy
(d) ~~Street~~ Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 32 yrs.
3. RESIDENCE OF FATHER (city, state) Troy Idaho

4. FULL NAME OF CHILD Edwin Martin Skostrom

5. Date of Birth of Child
(Month, day, year) Sept. 24 1895

6. Sex Male 7. Twin or Triplet If so born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Gilbert P. Skostrom
11. Color white 12. Age at time of THIS birth 38 yrs.
13. Birthplace Tennas Sweden
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD Olson
16. FULL MAIDEN NAME Ingeborg Skostrom
17. Color white 18. Age at time of THIS birth 33 yrs.
19. Birthplace Tennas Sweden
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of Idaho }
County of Satah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 38 years, and that Mrs. Alice Swanson who attended this birth is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carolyn M. Davidson Signature
P. O. Address

Subscribed and sworn to before me this 24th day of February 1942
(SEAL) Notary Public, residing at Troy Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mabel K. Kiefer Registrar.

MAR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

252-129 025 845

334601

United States
Department of Commerce
Bureau of the Census

MAR 1 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

334601
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Blanner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Farm Home
(e) Mother's stay BEFORE delivery:
IN THIS county 8 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Denver
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 mo. yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Aubra Harold Kessler

5. Date of Birth of Child
(Month, day, year) Mar. 29-1895

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William H. Kessler
11. Color or Race White 12. Age at time of THIS birth yrs.
13. Birthplace Auburn, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mae Ednorah Hunt
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Michigan
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington County of Thurman ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 46 years, and that Mrs. Code (Deceased) who attended this birth Mr. Hawley (Deceased) further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

William H. Kessler Signature
Chewelah, Wash. P. O. Address

Subscribed and sworn to before me this 24 day of February, 1942
(SEAL) Alice Jones Notary Public, residing at Chewelah, Wash.

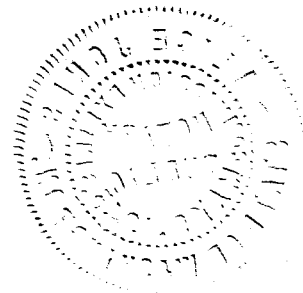
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 1 1942 by Maud E. Elder Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 181, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



142-229 001 415

3 34617

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **334617**
Local Reg. No.
Reg. Dist. No.

MAR 3 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **ADA** (b) City **ADA**
(c) Street Address or R.F.D. No. **E. E. AUSTIN RANCH**
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county **21** years **5** months **3** days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **IDAHO** (b) County **ADA**
(c) City **BOISE**
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? **21** yrs.
3. RESIDENCE OF FATHER (city, state) **BOISE, IDAHO.**

4. FULL NAME OF CHILD **KATHLEEN EMILY AUSTIN**

5. Date of Birth of Child
(Month, day, year) **SEPT. 29, 1895**

6. Sex **FEMALE**

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? **YES**

FATHER OF CHILD

10. FULL NAME **HUGH CASS AUSTIN**

11. Color or Race **WHITE** **12. Age at time of THIS birth** **24** yrs.

13. Birthplace **WINSOR COUNTY, VERMONT**
(City or town) (State or foreign country)

14. Exact Occupation **FARMER**

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **KATE JULIA DAVIS**

17. Color or Race **WHITE** **18. Age at time of THIS birth** **21** yrs.

19. Birthplace **EAGLE ISLAND, ADA COUNTY, IDAHO**
(City or town) (State or foreign country)

20. Exact Occupation **HOUSEWIFE**

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **1**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of **IDAHO**
County of **ADA** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **UNCLE** of the person whose name appears in Item 4, above, that I am now **63** years of age, that I have known this person for **46** years, and that

Dr. Mary E. Spaulding (First name) (Last name), who attended this birth, **is now deceased** (Is now deceased) or (Cannot be located). I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 132, 1937 Session Laws.

Claude P. Davis Signature
900 Harrison Blvd. Boise, Idaho P. O. Address

Subscribed and sworn to before me this **13th** day of **February**, 19**42**

(SEAL)

Maude E. Warner Notary Public, residing at **Boise, Idaho**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

MAR 3 1942

by

Maude E. Warner

Registrar.

WAR

1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



one child at a time - THIS IS A PERMANENT RECORD - Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. 444 St. Eastern Ave

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lee Stanford Hurst

3. Sex male If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____ 6. Premature. _____ Full term _____ 7. Legitimate? ☒ 8. Date of birth March 15 1895 (Month, Day, Year)

9. Full name FATHER Joseph C. Hurst
10. Residence (usual place of abode) Idaho Falls Idaho
(If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 57 (years)
13. Birthplace (city or place) Franklin Indiana
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Iron Shop
16. Date (month and year) last engaged in this work _____, 1909
17. Total time (years) spent in this work 16

18. Full maiden name MOTHER Emma J. Hurst
19. Residence (usual place of abode) 20 Lowell Mesa, Torrance San Francisco, Calif
(If non-resident, give place and State)
20. Color or race White 21. Age at last birthday 70 (years)
22. Birthplace (city or place) Lehi Utah
(State or Country)
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. G.R. Dept. Store
25. Date (month and year) last engaged in this work Sept., 1914
26. Total time (years) spent in this work 10 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother Two (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from Emma J. Hurst
a supplemental report _____
(Date of) _____

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed MAR 4 1942 193 Main 5 E. Edge

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

334855

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

MAN 0 1042

849 115 010-849

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho } California
 County of Bonanza } San Francisco

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Emma J. Hurst being first duly sworn says that
 is the Mother of Lee Stanford Hurst
 (Relationship of child)*
 born March 15 1895 at Idaho Falls, Idaho,
 (Date of birth)

whose certificate of birth is hereto attached, and that Emma J. Hurst desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Lee Stanford Hurst

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. V. C. Willson M. D. was the
 medical attendant at the birth of said Lee Stanford Hurst Midwife
 and that the said medical attendant is now deceased
 (Now deceased (or) cannot be located)

Name of Affiant Emma J. Hurst

P. O. Address 20 Loma Vista Terrace, San Francisco

Subscribed and sworn to before me this 26th day of February, 1942

Notary Public in and for the City and County of
 San Francisco, State of California

My Commission Expires May 11, 1942

Thomas J. Benson
 Residing at _____, Idaho.
 Notary Public.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAR 6

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

813 109 008 433

334871

334871

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 5 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Boise now Valley (b) City Van Wyck
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Boise now Valley
(c) City Van Wyck
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Van Wyck, Ida.

5. Date of Birth of Child
(Month, day, year) 2/9/95

4. FULL NAME OF CHILD RICHARD HALL

6. Sex male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samuel Hall
11. Color white 12. Age at time of THIS birth 44 yrs.
13. Birthplace Nashville Tennessee
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Belle McCuan
17. Color white 18. Age at time of THIS birth 40 yrs.
19. Birthplace Louisville Kentucky
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Valley ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 47 years, and that Dr. Tuttle who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Harp Signature
Cascade, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of March, 19 42
(SEAL) Donald Wells Notary Public, residing at Cascade, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Mary Elder Registrar.

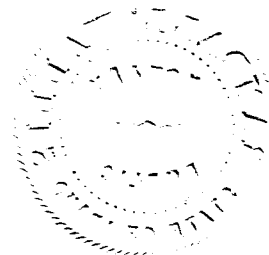
1942

AUG 25 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

437 126 016-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO MAR 2 1942

State File No.....

Local Reg. No.....

Reg. Dist. No.....

334912

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CASSIA (b) City OAKLEY
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CASSIA
(c) City OAKLEY
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 18 yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD James Howard McGavin
5. Date of Birth of Child (Month, day, year) October 26 1895
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Robert Elmer McGavin
11. Color White 12. Age at time of THIS birth 22 yrs.
13. Birthplace Oxford Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Elizabeth Cooper
17. Color White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Oxford Idaho
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date
State of Idaho County of Tremont ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 46 years, and that Jeanette Dailey, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert Elmer McGavin Signature
Notary Public, residing at Idaho P. O. Address

Subscribed and sworn to before me this 27 day of Feb, 1942
(SEAL) Notary Public Notary Public, residing at Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Marj Freeman, Registrar.

FEB 9 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

519-108 025 664

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

334929
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
XX
(e) Mother's stay **BEFORE** delivery:
IN THIS county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville-
(d) Street Address or R.F.D. No. X
(e) How long has **MOTHER** lived in Idaho? Deceased yrs.
3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Clyde Fountain Van Sise

5. Date of Birth of Child
(Month, day, year) May 8, 1895

6. Sex Male 7. Twin or Triplet XX If so—born 1st, 2nd, 3rd XX

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank David Van Sise
11. Color White 12. Age at time of THIS birth 47 yrs.
13. Birthplace Monroeville, Ohio
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business XX

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Etta Elva Fountain
17. Color White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Lewiston- Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business XX

22. Name prophylactic used to prevent Ophthalmia Neonatorum XX

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X at X M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by X C, who is
related to this child as C (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature X M.D. Address X Date

State of Idaho ss.
County of Idaho

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 46 years, and that Dr. S. E. Bibby (First name) (Last name), who attended this birth is now deceased plus I further state that (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Pearl Campbell Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 28 day of February, 19 42.

(SEAL) [Signature] Notary Public, residing at Grangeville, Id.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mabel [Signature] Registrar.

JUN 30 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

735-108-014-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **335130**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 625 Cleveland Bvd.
(d) Name of Hospital or Maternity Home:
at home of parents
(e) Mother's stay BEFORE delivery:
IN THIS county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell, Idaho
(d) Street Address or R.F.D. No. 625 Cleveland Bvd.
(e) How long has MOTHER lived in Idaho? yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Samuel Porter Glenn

5. Date of Birth of Child
(Month, day, year) September 8, 1895

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd xxx 8. No. months of Pregnancy normal 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hiram Smith Glenn
11. Color or Race part Indian 12. Age at time of THIS birth 40 yrs.
13. Birthplace "Half-breed Tract" Marion Co. Iowa
(City or town) (State or foreign country)
14. Exact Occupation Laborer Carpenter
15. Industry or Business common work

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Jane Scott
17. Color white 18. Age at time of THIS birth 37 yrs.
19. Birthplace Pleasantville, Marion County, Io.
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(First name) (Last name)

25. Attendant's Dr. J. B. Wright (Mother, etc.) M.D. deceased
OWN signature Susanah M. Scott Midwife Address deceased Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 47 years, and that Dr. J. B. Wright, M. D. who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 4

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Nancy J. Glenn Signature
625 Cleveland Bvd., Caldwell, Idaho P. O. Address
Notary Public, residing at Caldwell, Idaho

Received for filing on FEB 25 1942 by Marj G. E. E. E. Registrar.

MAR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693-114 029 962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

335308
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County LATAH (b) City GENESEE
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years 8 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City GENESEE
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 2 1/2 yrs.
3. **RESIDENCE OF FATHER** (city, state) SAME AS ABOVE

4. **FULL NAME OF CHILD** LE ROY WILLIAMSON

5. Date of Birth of Child
(Month, day, year) Aug-14-1945

6. Sex MALE 7. Twin or Triplet — If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** BENJAMIN FRANKLIN WILLIAMSON
11. Color WHITE 12. Age at time of THIS birth 33 yrs.
13. Birthplace Albuquerque, N.M.
(City or town) (State or foreign country)
14. Exact Occupation —
15. Industry or Business LIVESTOCK DEALER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EUGENIA MAY ROSS
17. Color WHITE 18. Age at time of THIS birth 30 yrs.
19. Birthplace Clarksburg, Kentucky
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was — at — M. on the date —
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by —, who is related to this child as —
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____
Midwife _____ Address _____ Date _____

State of Oregon ss.
County of Multnomah

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 46 years, and that A. C. C. Conant, who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eugene May Williamson Signature
6419 SE Ramona St P. O. Address

Subscribed and sworn to before me this 28th day of February, 1947
(SEAL) H. M. Davies Notary Public, residing at Portland Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires Jan. 1st 1948

Received for filing on MAR 4 1947 by Mary T. Nelson Registrar.

MAR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



815 713 022-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

335809
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Lorenzo
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City LORENZO
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 59 yrs.
3. **RESIDENCE OF FATHER** (city, state) Annis, Idaho.

4. **FULL NAME OF CHILD** Charles Lee Hanson

5. Date of Birth of Child
(Month, day, year) Nov. 13, 1895

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Hanson
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Centerville, Utah
(City or town) (State or foreign country)
14. Exact Occupation Agriculture
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Browning
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Ogden Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping Agriculture

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive A.M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Emma Hanson, who is related to this child as Mother
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Jefferson

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 46 years, and that Janette Poole, who attended this birth Is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Browning Hanson Signature
Lorenzo Route #1 Idaho P. O. Address

Subscribed and sworn to before me this 21st day of February, 1942.

(SEAL) George M. Cassen Notary Public, residing at Menan, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Marj E. Fisher, Registrar.

MAR 10 1942

FEB 24 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

399-127-016-249
MAR 10 1942

335370

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **335370**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **CASSIA** (b) City **OAKLEY**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **Private Home**
(e) Mother's stay BEFORE delivery:
IN THIS county **20** years **2** months **10** days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **CASSIA**
(c) City **OAKLEY**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? .. yrs.

3. RESIDENCE OF FATHER (city, state) **Deceased**

4. FULL NAME OF CHILD

MARSHALL RAYMOND CRITCHFIELD

5. Date of Birth of Child

(Month, day, year) **OCT. 27 1895**

6. Sex **male** 7. Twin or Triplet **If so—born 1st, 2nd, 3rd**

8. No. months of Pregnancy **9**

9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME **Arron Eugene Critchfield**
11. Color **White** 12. Age at time of THIS birth **26** yrs.
13. Birthplace **Toolah, UTAH**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **Alena Elizabeth Smith**
17. Color **White** 18. Age at time of THIS birth **28** yrs.
19. Birthplace **Little Cottonwood, UTAH**
(City or town) (State or foreign country)
20. Exact Occupation **House Wife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child... **3**... (b) Born alive and now living... **5**...

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of **California** } ss.
County of **San Diego**

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **brother** of the person whose name appears in Item 4, above, that I am now **52** years of age, that I have known this person for **48** years, and that **MARSHALL RAYMOND CRITCHFIELD** who attended this birth **now deceased** I further state that (First name) **DR. E. EMERSON** (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Eugene Critchfield Signature
1310 E. 6th St. San Diego, Cal. P.O. Address

Subscribed and sworn to before me this **9** day of **mar** 1942
(SEAL) **Arthur J. [Signature]** Notary Public, residing at **San Diego, Cal.**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

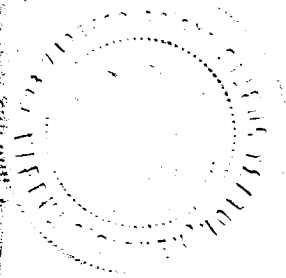
Received for filing on **MAR 10 1942** by **Wm. J. [Signature]** Registrar.

MAR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



318 123 036-632

335385

335385

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?.....yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** LOUIS C. TAYLOR

5. Date of Birth of Child
(Month, day, year) Mar 23, 1895

6. Sex Male 7. Twin or Triplet Triple If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Harris Taylor

11. Color white 12. Age at time of THIS birth 39 yrs.

13. Birthplace Worcestershire England
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ole Anna Olson

17. Color white 18. Age at time of THIS birth 35 yrs.

19. Birthplace Hedenarken Norway
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Family record, who is related to this child as.....
(First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Franklin

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 47 years, and that Fannie Mae Green, who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 6th day of Mar, 1942

(SEAL) [Signature] Notary Public, residing at Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Mary E. Elder, Registrar.

MAR 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693-226-033-699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **335431**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **MADISON** (b) City **THORNTON**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **NONE**
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **IDAHO** (b) County **MADISON**
(c) City **THORNTON**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **6 1/2** yrs.

3. RESIDENCE OF FATHER (city, state) **THORNTON, IDAHO**

5. Date of Birth of Child **8/26/95**
(Month, day, year)

4. FULL NAME OF CHILD

MABLE MATILDA WILLIAMS

6. Sex **FEMALE** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **YES**

FATHER OF CHILD

10. FULL NAME **JOHN MORGAN WILLIAMS**
11. Color **WHITE** 12. Age at time of THIS birth **32** yrs.
13. Birthplace **MURRAY, UTAH**
(City or town) (State or foreign country)
14. Exact Occupation **FARMER**
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **ANISE ELNORA FIRTH**
17. Color **WHITE** 18. Age at time of THIS birth **22** yrs.
19. Birthplace
(City or town) (State or foreign country)
20. Exact Occupation **HOUSEWIFE**
21. Industry or Business

NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **7**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of **CALIFORNIA** ss.
County of **LOS ANGELES**

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **MOTHER** of the person whose name appears in Item 4, above, that I am now **68** years of age, that I have known this person for **46** years, and that **MRS WILEY** who attended this birth **IS NOW DECEASED** I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Commission Expires Feb. 20, 1945

Anise Elnora Williams Signature
Los Angeles California P. O. Address

Subscribed and sworn to before me this **25th** day of **FEBRUARY** 19 **42**
(SEAL) **Mabel E. Brown** Notary Public, residing at **Los Angeles Calif.**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

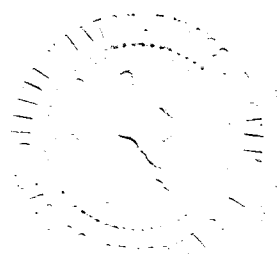
Received for filing on **MAR 6 1942** by **Mabel E. Brown** Registrar.

MAR 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

391-111079-693

FEB 25 1942

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **335503**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Latah (b) City Near Viola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home None days
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Near Viola, Ida
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.
(f) Mother's mailing address Route Palouse

3. RESIDENCE of FATHER (city, state)

Near Viola, Idaho
5. Date of Birth (Month, day year) Feb. 11, 1895

4. FULL NAME OF CHILD

Archie Clemens Craig

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? No

FATHER OF CHILD

10. FULL NAME George Wesley Craig

11. Color White 12. Age at time of THIS birth 23 yrs.

13. Birthplace ? Kansas
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Worked on farms

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 9
(c) Born alive and now dead 0 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4:00 A.M. on the date Feb. 11, 1941 and at the place stated above, and that personal particulars were furnished by Myself, who is related to this child as Mother (Mother, etc.)

26. (a) (Date received) March 1, 1941 (Registrar's signature)

27. Given name added on by (Registrar's signature)

State of Idaho } ss.
County of Latah

I, Mrs. Florence Ellen, being first duly sworn, say that I am related to Archie Clemens Craig as mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Dickenson (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

25. Attendant's OWN signature * Mrs. Florence Ellen and address Viola, Idaho Date Oct. 20, 1941

Subscribed and sworn to before me on this 30th day of October 1941
(SEAL) [Signature] Notary Public, residing at Patteville, Idaho

MAR 17 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county life years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? over 6 years yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD

Ruby Bell Wood

6. Sex Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

5. Date of Birth of Child

(Month, day, year) Jan. 25, 1895

FATHER OF CHILD

10. FULL NAME William Wallace Wood
11. Color White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Marysville Iowa
(City or town) (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lizzie Ella Cassell
17. Color White 18. Age at time of THIS birth 39 yrs.
19. Birthplace Hartford Indiana
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. Address Date
Washington Midwife
State of District } ss.
County of District

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for all her life and that unknown, who attended this birth not known I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 129, 1937 Session Laws.

Signature Prayer Wood
P. O. Address 8608 So Yakima
Subscribed and sworn to before me this 25th day of February, 1942
(SEAL) Thero A. Gram Notary Public, residing at Jacoma
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

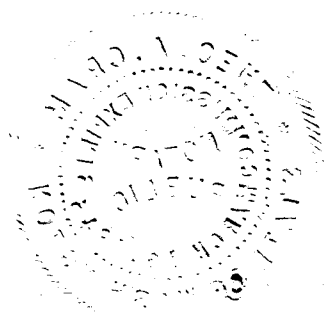
Received for filing on FEB 28 1942 by Marj T. Cooper Registrar.

JAN 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335607
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ONEIDA (b) City BATTLE CREEK
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay BEFORE delivery:
IN THIS county 13 years 3 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ONEIDA
(c) City BATTLE CREEK
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 35 yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD WILLIAM HISEN
5. Date of Birth of Child
(Month, day, year) MARCH 23, 1895
6. Sex MALE 7. Twin or Triplet 8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD
10. FULL NAME JOE HISEN
11. Color or Race WHITE 12. Age at time of THIS birth 52 yrs.
13. Birthplace BISBROOKE RUTLAND ENGLAND
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME MARY JANE BELLERS
17. Color or Race WHITE 18. Age at time of THIS birth 31 yrs.
19. Birthplace SEAHAM HARBOR ENGLAND
(City or town) (State or foreign country)
20. Exact Occupation NURSE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Franklin

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Bonnie M. Law of the person whose name appears
(Mother, etc.)
in Item 4 above, that I am now 68 years of age, that I have known this person for 47 years, and that
Fannie Swann who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 7 day of March, 1942
(SEAL) John W. Bench Signature
Princeton Ida P. O. Address
Notary Public, residing at Princeton Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Mabel E. Eilers Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-129-037-968

335701

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....

CERTIFICATE OF BIRTH

Local Reg. No.....

STATE OF IDAHO

MAR 3 1942

Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Owyhee (b) City BRUNEAU
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 5 years months days

4. FULL NAME OF CHILD

Leonard Dewitt Wilson6. Sex male7. Twin or Triplet -

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 99. Legitimate? yes

10. FULL NAME

Robert Henry Wilson11. Color white12. Age at time of THIS birth 35 1/2 yrs.

13. Birthplace

Illinois
(City or town) (State or foreign country)14. Exact Occupation farmer

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 5 yrs.3. RESIDENCE OF FATHER (city, state) Bruneau, Idaho

5. Date of Birth of Child

(Month, day, year) June 29, '95

16. FULL MAIDEN NAME

Harriet Royce17. Color white18. Age at time of THIS birth 35 yrs.19. Birthplace NevadaMissouri
(City or town) (State or foreign country)20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of ss.
County of

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 35 1/2 years of age, that I have known this person for 46 1/2 years, and thatAnna Brunk (First name) (Last name), who attended this birth. (Is now deceased) no I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clarence C. Patton Signature

P. O. Address

Subscribed and sworn to before me this 3 day of March 1942

(SEAL)

Harold GuleNotary Public, residing at Idaho City, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1942by Marion T. Fisher

Registrar.

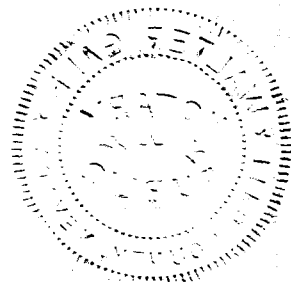
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



335772

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 2 1942

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Bonnerville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Water Ave
(d) Name of Hospital or Maternity Home: —

(e) Mother's stay BEFORE delivery: Home
In Hosp. or Mat. Home — days.
IN THIS county 2 years month days

4. FULL NAME OF CHILD

Helen Rowena Hasbrouck

6. Sex Female 7. Twin or Triplet — If so—born 1st, 2nd, 3rd

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bonnerville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Water Ave
(e) How long has MOTHER lived in Idaho? 2 yrs
(f) Mother's mailing address Idaho Falls - Idaho

3. RESIDENCE of FATHER (city, state)

Idaho Falls - Idaho
5. Date of Birth May 6, 1895
(Month, day year)

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Herman Jacob Hasbrouck11. Color or Race White 12. Age at time of THIS birth 33 yrs13. Birthplace Highland, New York
(City or town) (State or foreign country)14. Exact Occupation Lawyer15. Industry or Business —

MOTHER OF CHILD

16. FULL MARRIED NAME Laura Willa St. Clair17. Color or Race White 18. Age at time of THIS birth 26 yrs19. Birthplace Vinton, Iowa
(City or town) (State or foreign country)20. Exact Occupation House-keeper21. Industry or Business —22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was — at — M. on the date —
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by —, who is related to this child as — (First name) (Last name)

26. (a) — (Date received) (b) — (Mother's etc.)
(Registrar's signature)

27. Given name added on — by — 25. Attendant's OWN signature — M.D.
(Registrar's signature) and address — Date — (D.O., Midwife, etc.)

State of CALIFORNIA } ss.
County of LOS ANGELES

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED. H.B.

I Laura Willa Hasbrouck, being first duly sworn, say that I am — RELATED TO HELEN ROWENA HASBROUCK as MOTHER
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the Dr. & nurse who attended said birth an now deceased and that this birth has not been previously recorded. Dr. Pendleton
(Is now deceased (or) cannot be located)

Laura Willa Hasbrouck Signature
3120 Merle Dr. Glendale - Cal. P. O. Address

MAR 2 1942

Subscribed and sworn to before me on this 20TH day of FEBRUARY, 19 42

(SEAL)

Helen BuslandNotary Public, residing at GLENDAL, CALIF.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certificate requires an advance payment of fifty cents, money order or coin.

812-206-010-233

OM 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

819-127-22-219

335780

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No. 0
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No. 0
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Marysville, Ia.

5. Date of Birth of Child
(Month, day, year) June 27, 1895

4. FULL NAME OF CHILD

Cliff Karren Harris

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Eli Mc Gee Harris
11. Color white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Richmond, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Belle Karren
17. Color white 18. Age at time of THIS birth 28 yrs.
19. Birthplace Lewiston, Utah
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 4:00 p.M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Mary B. Harris, who is related to this child as Mother
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Marysville, Idaho Date Feb. 26, '42

State of Idaho County of Fremont } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 46 years, and that

Mrs. Martha Karren (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Belle Harris Signature
Marysville, Idaho P. O. Address

Subscribed and sworn to before me this 28 day of February, 1942
(SEAL) Paul P. Stone Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by H. J. [Signature] Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-128-007-355

335791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. ?
(e) How long has MOTHER lived in Idaho? 50 Yrs. yrs.
3. **RESIDENCE OF FATHER** (city, state) Toole Utah.

4. **FULL NAME OF CHILD** Fred Gorton Bassett
5. Date of Birth of Child (Month, day, year) 1 / 28 / 1895

6. Sex Male 7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st. 8. No. months of Pregnancy Nine 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Charles Henry Bassett
11. Color White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Salt Lake City, Utah.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Lee
17. Color White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Toole Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock Bannock ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 47 years, and that A. B. Bean M.D., who attended this birth Deceased. I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harold L. Bassett Signature
P. O. Address

Subscribed and sworn to before me this 24th day of February, 1942
(SEAL) Russell Anderson Notary Public, residing at Pocatello, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Harold L. Bassett Registrar.

MAR 13 1942

MAR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises:

253 219 025 845

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **335908**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years 8 months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
3. **RESIDENCE OF FATHER** (city, state) Grangeville, Ida.

4. **FULL NAME OF CHILD** Mildred Keller
6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

5. Date of Birth of Child
(Month, day, year) 11-19-95

FATHER OF CHILD
10. **FULL NAME** John Alexander Keller
11. Color white 12. Age at time or Race of THIS birth 34 yrs.
13. Birthplace Vincennes, Indiana
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Ruhamie Hunt
17. Color white 18. Age at time or Race of THIS birth 24 yrs.
19. Birthplace Halltown Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who wasat.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 46 years, and that Mary Smith, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Smith Signature
Route 2, Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of Feb 1942
(SEAL) E. D. [Signature] Notary Public, residing at Lewiston Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by M. J. [Signature] Registrar.

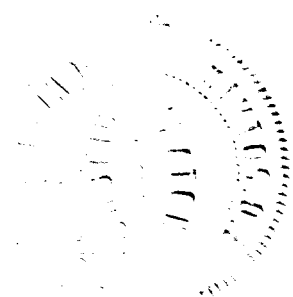
MAR 14 1942

MAR 18 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

349 129 016 817

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO MAR 4 1942

335934

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Albion</u> (c) Street Address or R.F.D. No. <u>-</u> (d) Name of Hospital or Maternity Home: <u>-</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>6</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Albion</u> (d) Street Address or R.F.D. No. <u>-</u> (e) How long has MOTHER lived in Idaho? <u>6</u> yrs.	
4. FULL NAME OF CHILD <u>Harold Hagar Curston</u>		3. RESIDENCE OF FATHER (city, state) <u>Albion, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>JUNE 29 1895</u>	
6. Sex <u>Male</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>William H. Curston</u> 11. Color or Race <u>Anglo-Saxon</u> 12. Age at time of THIS birth <u>76</u> yrs. 13. Birthplace <u>Ukiah</u> <u>California</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Dentist</u> 15. Industry or Business <u>same</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Clora Nuntha Hagar</u> 17. Color or Race <u>Anglo-Saxon</u> 18. Age at time of THIS birth <u>19</u> yrs. 19. Birthplace <u>Keilton</u> <u>Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>same</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature	M.D.	Address	Date
--------------------------------------	-------------	----------------	-------------

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the grand mother of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 47 years, and that Dr. R. H. Storey, who attended this birth, is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Louise Marie Hagar Signature
Albion, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of FEBRUARY, 1942
(SEAL) [Signature] Notary Public, residing at Albion Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

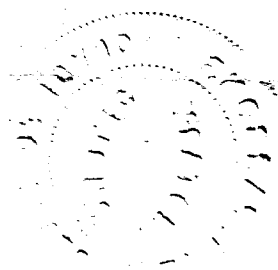
Received for filing on MAR 4 1942 by Mary E. Fisher, Registrar.

MAR 16 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

669-114 010-655

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

336237
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bonneville
(c) City Idaho Falls, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) Nov. 14, 1895

**4. FULL NAME
OF CHILD**

Elmer Forbush

6. Sex male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Sanford Forbush
11. Color white 12. Age at time
or Race white of THIS birth 22 yrs.
13. Birthplace Green River, Wyo.
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Amelia Fenton
17. Color white 18. Age at time
or Race white of THIS birth 18 yrs.
19. Birthplace Manti, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by , who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Bonneville

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears
in Item 4, above, that I am now 63 years of age, that I have known this person for 47 years, and that
Dr. Wilson (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Witness Archie Bates Signature

Mrs J. S. Beek P. O. Address

Subscribed and sworn to before me this 2nd day of March, 19 42.

(SEAL)

Ellis H. Bates Registrar at Rexburg, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Mrs J. S. Beek Registrar.

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

795-229 007 665

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

336244

1. PLACE OF BIRTH (All items at time of this birth)

(a) County B. Lane (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD

Mary Helen Creighton

6. Sex

female

7. Twin or Triplet

If so—born 1st, 2nd/3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

James Creighton

11. Color or Race

white

12. Age at time of THIS birth

38 yrs.

13. Birthplace

Nova Scotia

(City or town) (State or foreign country)

14. Exact Occupation

miner

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County B. Lane

(c) City Hailey

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state)

Idaho

5. Date of Birth of Child

(Month, day, year) Oct 29, 1896

16. FULL MAIDEN NAME

Margaret Ann Owens

17. Color or Race

white

18. Age at time of THIS birth

35 yrs.

19. Birthplace

San Jose, California

(City or town) (State or foreign country)

20. Exact Occupation

housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of California ss.
County of San Diego

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4 above, that I am now 49 years of age, that I have known this person for 46 years, and that

Dr. Higgins, who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Georgia C. Robertson Signature

1215 E. Westlake, Los Angeles P. O. Address

NOTARY PUBLIC in and for the County of Los Angeles, State of California

22nd day of

February, 19 42

Notary Public, residing at Pasadena, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-214, Idaho Code Annotated.)

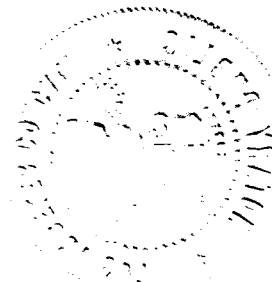
Received for filing on MAR 5 1942 by Mabel Z. Fisher Registrar.

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



386 104 029 285

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

336251
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Vollmer (now Troy)
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(in own home)
(e) Mother's stay BEFORE delivery:
IN THIS county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Vollmer (now Troy)
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

4. **FULL NAME OF CHILD** Fred Ernest Thomas
5. Date of Birth of Child Troy Idaho
(Month, day, year) Oct. 4, 1895

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Devitt Ernest Thomas
11. Color white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Marietta, Washington Co., Ohio
(City or town) (State or foreign country)
14. Exact Occupation Grain Dealer, buying and selling
15. Industry or Business Grain

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Minnie I. Sheridan
17. Color white 18. Age at time of THIS birth 22 yrs.
19. Birthplace near Moran, Ind.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 46 47 years, and that Dr. P. J. Scallon, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie I. Sheridan Thomas Signature
Ridgefield, Wn. P. O. Address

Subscribed and sworn to before me this 22nd day of January, 1942.
(SEAL) A. C. Corneer Notary Public, residing at Ridgefield therein.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 7 1942 by Mary J. K. K. Registrar.

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336341**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. at home
(d) Name of Hospital or Maternity Home: ..
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county 6 years.....months.....days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address 613 S. Logan, Moscow, Idaho
3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Herman Fred Weinmann 5. Date of Birth (Month, day, year) 5/1/1895
6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|--|---|
| 10. FULL NAME <u>Ernest Henry Weinmann</u> | 16. FULL MAIDEN NAME <u>Bertha Matilda Luck</u> | | |
| 11. Color or Race <u>white</u> | 17. Color or Race <u>white</u> | 12. Age at time of THIS birth <u>33</u> yrs. | 18. Age at time of THIS birth <u>58</u> years |
| 13. Birthplace <u>Berlin, Germany</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Berlin, Germany</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>Farmer</u> | 20. Exact Occupation <u>Housewife</u> | | |
| 15. Industry or Business <u>Agriculture</u> | 21. Industry or Business <u>Housewife</u> | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum ..
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Ernest Henry Weinmann, who is
related to this child as father (First name) (Last name)
(Mother, etc.)

26. (a)..... (Date received) (b) Harry T. Diller (Registrar's signature)
27. Given name added on.....by..... (Registrar's signature)
25. Attendant's **OWN signature**.....M.D. or father (D.O., Midwife, etc.)
and address.....Date.....

State of Idaho } ss.
County of Latah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ernest Henry Weinmann, being first duly sworn, say that I am.....related to
Herman Frederick Weinmann as Father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ashbury, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 26th day of February, 1942.
(SEAL) W. Diller Probate Judge, Moscow, Idaho.
Notary Public, residing at.....

MAR 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 101, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336371**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) ~~City~~ Town Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
He was born in our ranch home north of Hailey.
(e) Mother's stay **BEFORE** delivery:
IN THIS county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) ~~City~~ On ranch 1 mile north of Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
3. RESIDENCE OF FATHER (city, state) Hailey, Idaho

4. FULL NAME OF CHILD Harold Edgar Pardum
6. Sex Boy
7. Twin or Triplet **If so—born** 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Sept. 1, 1895.
8. No. months of Pregnancy **9. Legitimate? Yes**

FATHER OF CHILD
10. FULL NAME Asa Milton Pardum
11. Color or Race White **12. Age at time of THIS birth** 39 yrs.
13. Birthplace Rockport, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Ice Business & Farming
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Rose Lenora Hart
17. Color or Race White **18. Age at time of THIS birth** 34 yrs.
19. Birthplace Cleveland, Ohio
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D.** **Midwife** **Address** **Date**

State of } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of }

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 47 years, and that Dr. N. J. Brown, who attended this birth died in Bakersfield, Cal. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry J. Pardum Signature
Hailey, Idaho. P. O. Address

Subscribed and sworn to before me this 14th day of March, 1942
(SEAL) John W. Wach Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by Maude E. Fisher, Registrar.

MAR 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336418**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>Caldwell</u> (c) Street Address or R.F.D. No. <u>808 Dearborn St.</u> (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Caldwell</u> (d) Street Address or R.F.D. No. <u>808 Dearborn</u> (e) How long has MOTHER lived in Idaho? <u>32</u> yrs.	
4. FULL NAME OF CHILD <u>GEORGE LEWIS DAVIS</u>		3. RESIDENCE OF FATHER (city, state) <u>Caldwell Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Feb. 21, 1895</u>	
6. Sex <u>male</u>		7. Twin or Triplet <u> </u> If so—born 1st, 2nd, 3rd <u> </u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Rees Howell Davis</u> 11. Color <u>White</u> 12. Age at time of THIS birth <u>38</u> yrs. 13. Birthplace <u>Wales in England</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Newspaper Prop.</u> 15. Industry or Business <u>Newspaper</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Sophia Lewis</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>37</u> yrs. 19. Birthplace <u>Salt Lake City, Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u> </u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
 (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature.....**M.D. Midwife Address Date**.....
 State of California County of Los Angeles } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 47 years, and that Dr. W. C. Maxey, who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Davis Ross Signature
1218 Stratford Ave., So. Pasadena Calif. Address
 Subscribed and sworn to before me this 7 day of March, 1942
 (SEAL) [Signature] Notary Public, residing at Pasadena, Calif.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

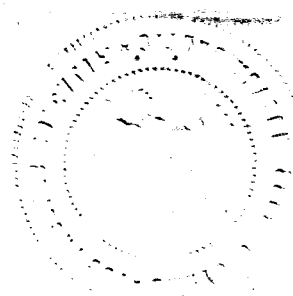
Received for filing on MAR 12 1942 by Margaret Davis Ross, Registrar.

MAR 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

556110040-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336479**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at family home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho 1887 yrs.
3. **RESIDENCE OF FATHER** (city, state) Mullan, Idaho

4. **FULL NAME OF CHILD** Joseph Benjamin Newbury

5. Date of Birth of Child
(Month, day, year) Jan. 10, 1895

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Henry Newbury
11. Color white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Blanchard, Ohio
(City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Josephine Gramm
17. Color white 18. Age at time of THIS birth 34 yrs.
19. Birthplace Perry, Pike, Co., Illinois
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Nevada
County of Esmeralda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 47 years, and that Dr. Ganoway, who attended this birth cannot be located. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Joseph B. Newbury
P. O. Address Beowawe, Nevada

Subscribed and sworn to before me this 24th day of February, 1942.
(SEAL) James J. Smyth Notary Public, residing at Beowawe Nev
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Mary E. Kelen, Registrar.

MAR 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

dup of 1895-334827

BOTH
DELAYED

893/31 006-235

336670

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Ranch
(c) Street Address or R.F.D. No. 4 miles S. of
(d) Name of Hospital or Maternity Home: Idaho Falls
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls on Ranch
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** John Carl Hilton
6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) July 31-1895
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Allen Hilton
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace New York N.Y.
(City or town) (State or foreign country)
14. Exact Occupation Rancher (NOW DECEASED)
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Agnes Stephan
17. Color White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Chicago Ill
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ILLINOIS } ss.
County of COOK }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 69 years of age, that I have known this person for years, and that John Ericson who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on this certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 186, 1937 Session Laws.

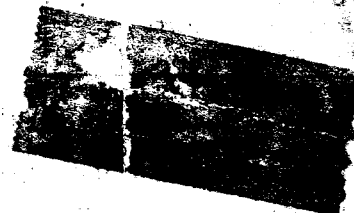
(Mrs) Agnes Hilton Signature
Chicago Ill 306 W-47th st P. O. Address

Subscribed and sworn to before me this 6th day of March, 1942
John J. [Signature] Notary Public, residing at 724 W 47th St, Chicago, Ill.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-514, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by Mabel E. [Signature] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. copy requires an advance payment of fifty cents, money order or coin.

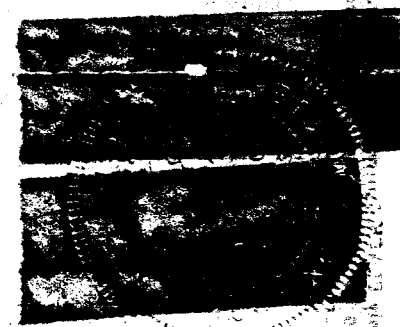
LEAF 2-0-1012



DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



299-125028-967

336698

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Sand Point
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery: At Home
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Sand Point
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Tim Briscoe

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Oct 25, 1895

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Isaac Jackson Briscoe
11. Color white 12. Age at time of THIS birth 49 yrs.
13. Birthplace Not Known Missouri
(City or town) (State or foreign country)
14. Exact Occupation Black Smith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Rogers
17. Color white 18. Age at time of THIS birth 45 yrs.
19. Birthplace East Tennessee
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 3 P.M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Dorothe White, who is related to this child as Sister (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of..... County of..... } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for all his life years, and that I was in the house who attended this birth. (First name) (Last name) (Is now deceased) or (Cannot be located)

I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 12 day of March, 19 42
(SEAL) J. S. Anderson Notary Public, residing at Parco, Wash
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on: MAR 18 1942 by Mabel H. Baker Registrar.

MAR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318 114 036-318

336750

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH MAR 2 1942
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH. (All items at time of this birth)
(a) County Oneida (b) City Dayton
(c) Street Address or R.F.D. No. Gen Delivery
(d) Name of Hospital or Maternity Home OWN HOME
(e) Mother's stay BEFORE delivery:
IN THIS county 18 years 6 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Dayton
(d) Street Address or R.F.D. No. Gen Delivery
(e) How long has MOTHER lived in Idaho 65 yrs.

3. RESIDENCE OF FATHER (city, state) Dayton Idaho
5. Date of Birth of Child March 1941
(Month, day, year) 1895

4. FULL NAME OF CHILD William Ray Taylor
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Robert William Taylor
11. Color White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Stockton Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Ellen Marie Mickleson Taylor
17. Color White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Hyde Park Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum DO NOT KNOW
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Address Date

State of Idaho County of Twin Falls ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 66 years of age, that I have known this person for 47 years, and that Ms Sarah Chadwick, who attended this birth Is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Marie Taylor Signature
Box 736 Weiser Idaho P. O. Address

Subscribed and sworn to before me this 27th day of February, 1942.
(SEAL) Notary Public Notary Public, residing at Twin Falls Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mar 26 1942 Registrar.

MAR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819 129 001 192

336788

336788

United States **MAR 21 1942**
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Stuy
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Ida (b) County Ada
(c) City Stuy
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) Apr 29 - 1895

4. FULL NAME OF CHILD Elmer Lewis Harris

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Delbert Harris
11. Color or Race white **12. Age at time of THIS birth 29 yrs.
13. Birthplace Colorado
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business**

MOTHER OF CHILD

16. FULL MAIDEN NAME Ina Rosalia Aiken
17. Color or Race white **18. Age at time of THIS birth 19 yrs.
19. Birthplace Nebraska
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business**

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of.....County of.....} ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....(Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 46 years, and that

Madeline (First name) Madeline (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Vera Gilport Signature
P. O. Address

Subscribed and sworn to before me this 20 day of March, 19 42
(SEAL) Richard Notary Public, residing at Malone

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1942 by Mary Elder Registrar.

MAR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

655711-028493

336838

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Cosmopolitan
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Cosmopolitan
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Edmund Everett Weeks

5. Date of Birth of Child
(Month, day, year) March 1, 1895

6. Sex son 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Franklin Weeks
11. Color white **12. Age at time of THIS birth** 23 yrs.
13. Birthplace Missoula, Montana
(City or town) (State or foreign country)
14. Exact Occupation Brick mason
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alta Viola Miller
17. Color white **18. Age at time of THIS birth** 19 1/2 yrs.
19. Birthplace Fayette, Ohio
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at 11.35 P. M. on the date March 1, 1895
(Born alive, full birth)

and at the place stated above, and that personal particulars were furnished by Alta Viola Childers Mother, who is related to this child as Children
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature none **M.D.** none **Address** none **Date** none

State of Montana County of Missoula ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 47 years, and that Edmund Everett Weeks who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

United States Commission Appointment As Mrs. Alta Viola Childers Signature
Expiring April 10, 1942 28 East Main St., Missoula, Montana, P. O. Address

Subscribed and sworn to before me this 12 day of March, 19 42

(SEAL) Don J. Jones U. S. Comm. Notary Public residing at Missoula

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Mrs. M. H. Childers Registrar.

MAR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-18-040-343

United States

(Be sure the information is as of date of birth of THIS child)

State File No.....

Department of Commerce

CERTIFICATE OF BIRTH

Local Reg. No.....

Bureau of the Census

STATE OF IDAHO

Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Shoshone (b) City Cataldo, Idaho(c) Street Address or R.F.D. No. none

(d) Name of Hospital or Maternity Home:

At home

(e) Mother's stay BEFORE delivery:

IN THIS county - years 6 months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Shoshone(c) City Cataldo(d) Street Address or R.F.D. No. None(e) How long has MOTHER lived in Idaho? 1/2 yrs.3. RESIDENCE OF FATHER (city, state) 1/2 yr.

4. FULL NAME

OF CHILD EARLE TULL DORMITZER

5. Date of Birth of Child

(Month, day, year) June 18, 18956. Sex Male7. Twin or
Triplet singleIf so—born
1st, 2nd, 3rd8. No. months
of Pregnancy 99. Legitimate? Yes

FATHER OF CHILD

10. FULL

NAME Paul C. Dormitzer11. Color White 12. Age at time
or Race of THIS birth 29 yrs.13. Birthplace St. Louis, Missouri
(City or town) (State or foreign country)14. Exact
Occupation Mill Manager15. Industry or
Business Lumber

MOTHER OF CHILD

16. FULL

NAME Dorothy Tull17. Color White 18. Age at time
or Race of THIS birth 15 yrs.19. Birthplace Davis City, Iowa
(City or town) (State or foreign country)20. Exact
Occupation Housewife21. Industry or
Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of California } ss.
County of Los AngelesAFFIDAVIT to be completed when the attendant does not sign
in Item 25.I, the undersigned, being first duly sworn, say that I am the MOTHER.....of the person whose name appears
in Item 4, above, that I am now 62 years of age, that I have known this person for 45 years, and that
(Mother, etc.)Mrs. (Unknown) Kerr, who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.Subscribed and sworn to before me this 9th day of March, 1942
(SEAL) Mary A. McLean Notary Public, residing at Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires Dec. 5, 1944

Received for filing on MAR 13 1942 by Mabel E. Fisher, Registrar.

MAR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

751 719 044 685

336933

United States
Department of Commerce
Bureau of the Census

(E) sure the information is as of date of birth of THIS child)

State File No.....

MAR 17 1942 CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.....

Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay BEFORE delivery:
IN THIS county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. RFD # 2
(e) How long has MOTHER lived in Idaho? 13 yrs.

4. FULL NAME OF CHILD Elmo Pearson

5. Date of Birth of Child
(Month, day, year) Sept. 19, 1895

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate?

FATHER OF CHILD

10. FULL NAME William Malan Pearson
11. Color white 12. Age at time of THIS birth 25 yrs.
13. Birthplace Sedan Kansas
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Wheelhouse
17. Color white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Shelby Iowa
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 47 years, and that Dr. G. R. Numbers who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Malan Pearson Signature
Weiser Idaho H 3 P. O. Address

Subscribed and sworn to before me this 16th day of March, 1942
(SEAL) C. H. Taylor Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....by W. H. Fisher Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

547-210 003-367
337017
337017
MAR 24 1942
1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Boise
(c) Street Address or R.F.D. No. 1142 North Sage
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Boise
(d) Street Address or R.F.D. No. 1142 North Sage
(e) How long has MOTHER lived in Idaho? 5 yrs.
3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Mary Ann Beatrice Edgley

5. Date of Birth of Child
(Month, day, year) 11-10-1895

6. Sex girl Twin or Triplet If so—born 1st, 2nd, 3rd

7. No. months of Pregnancy 8. Legitimate? yes

FATHER OF CHILD
10. FULL NAME William Henry Edgley
11. Color White 12. Age at time of THIS birth 23 yrs.
13. Birthplace London England
(City or town) (State or foreign country)
14. Exact Occupation Machinist Helper
15. Industry or Business Oregon Short Line R.R.

MOTHER OF CHILD
16. FULL MAIDEN NAME Alice Louise Cox
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Idaho
(City or town) (State or foreign country)
20. Exact Occupation House Keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bannock

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father Mother the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 47 years, and that Dr. Oensley & Beam, who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 20 day of March, 1942
(SEAL) Walter Bennett Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1942 by Mary E. Elder Registrar.

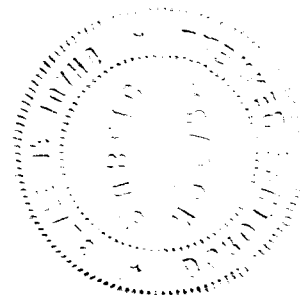
MAY 31 1960

MAR 24 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

547 215 003 - 367
337018
337018

United States (Be sure the information is as of date of birth of THIS child) State File No. 337018
Department of Commerce Local Reg. No.
Bureau of the Census Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 1142 Nth Mayo
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay BEFORE delivery:
IN THIS county 5 years - months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 1142 Nth Mayo
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello Idaho
5. Date of Birth of Child November 15th 1893
(Month, day, year)

4. **FULL NAME OF CHILD** Hannah Louisa Edgley

6. Sex girl 7. Twin or Triplet If so - born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** William Henry Edgley
11. Color White 12. Age at time of THIS birth 22 yrs.
13. Birthplace London England (City or town) (State or foreign country)
14. Exact Occupation Machinist Helper
15. Industry or Business Oregon Short Line R R

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Edna Louise Cox
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Oceland New Zealand (City or town) (State or foreign country)
20. Exact Occupation House Keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** _____ M.D. _____ Midwife _____ Address _____ Date _____

State of Idaho County of Bannock } ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.
I, the undersigned, being first duly sworn, say that I am the Father - Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 47 years, and that Battle, who attended this birth Died at Pocatello I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
William H Edgley Signature
Bannock Idaho R. No 1 P. O. Address

Subscribed and sworn to before me this 9th day of March, 1942
(SEAL) W. H. Bennett Notary Public, residing at Nampa, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1942 by Mary E. Eder Registrar.

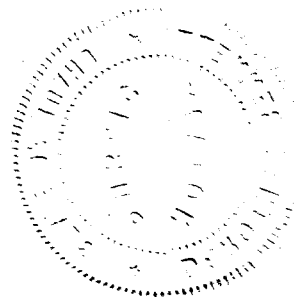
MAR 24 1942

DEC 19 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

219-212-007-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **337959**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blain (b) City Arco
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blain
(c) City Arco
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
3. RESIDENCE OF FATHER (city, state) Arco Idaho

4. FULL NAME OF CHILD Dorsey Barnes

5. Date of Birth of Child
(Month, day, year) Aug. 12 - 1942

6. Sex 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD
10. FULL NAME Edd Allen Barnes
11. Color white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Frenchtown, California
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Maria Coombs
17. Color white 18. Age at time of THIS birth 26 yrs.
19. Birthplace Albany, Utah
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child... (b) Born alive and now living... 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was... at... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by... who is
related to this child as... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Blain ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 46 years, and that Mrs. Benjamin Coombs, who attended this birth Dead, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edmund Benjamin Barnes Signature
P.O. Box No. 203 Blain, Idaho Address

Subscribed and sworn to before me this 6 day of March, 1942
(SEAL) Herbert R. Rindoff Notary Public, residing at Navajo, California
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

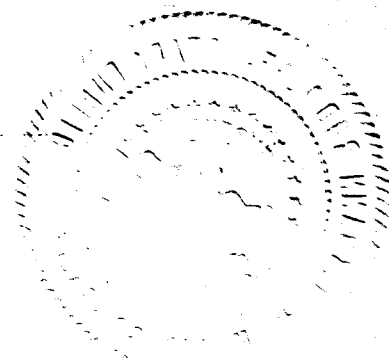
Received for filing on MAR 19 1942 by Marj 28 1942 Registrar.

MAR 25 1911

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

213-107-38-219
MAR 25 1942

338018

338018

United States
Department of Commerce
Bureau of the Census

Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Payette</u> (b) City <u>Payette</u> (c) Street Address or R.F.D. No. <u>---</u> (d) Name of Hospital or Maternity Home: <u>---</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>---</u> years <u>---</u> months <u>---</u> days	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Payette</u> (c) City <u>Payette</u> (d) Street Address or R.F.D. No. <u>---</u> (e) How long has MOTHER lived in Idaho? <u>18</u> yrs.
3. RESIDENCE OF FATHER (city, state) <u>Payette, Idaho</u>	

4. FULL NAME OF CHILD <u>Guy Arthur Saling</u>	5. Date of Birth of Child (Month, day, year) <u>Nov. 7, 1895</u>
6. Sex <u>male</u>	7. Twin or Triplet <u>no</u>
8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Ellis Howard Saling</u>	16. FULL MAIDEN NAME <u>Ada May Bain</u>		
11. Color or Race <u>white</u>	17. Color or Race <u>white</u>		
12. Age at time of THIS birth <u>35</u> yrs.	18. Age at time of THIS birth <u>22</u> yrs.		
13. Birthplace <u>Papillion Nebraska</u> (City or town) (State or foreign country)	19. Birthplace <u>Colony Kansas</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>farming</u>	20. Exact Occupation <u>housewife</u>		
15. Industry or Business <u>"</u>	21. Industry or Business <u>"</u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was --- at --- M. on the date --- and at the place stated above, and that personal particulars were furnished by --- who is related to this child as --- (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature	M.D.	Address	Date
State of <u>Idaho</u> County of <u>Washington</u> } ss.	AFFIDAVIT to be completed when the attendant does not sign in Item 25.		

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 47 years, and that Dr. Scott who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada May Bain Saling Nichols Signature
Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of March, 1942

(SEAL) APR 11 1942 Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

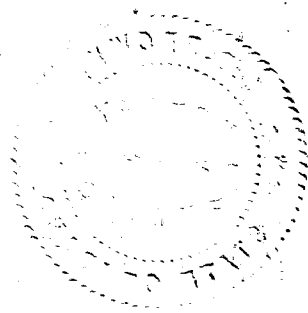
Received for filing on MAR 25 1942 by Maud E. Eden Registrar.

MAR 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-224 MAR 25 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

338029

338029

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Payette (b) City Heppner
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Heppner
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 16 yrs.

4. **FULL NAME OF CHILD** Lisa Barbara Burnett
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) same
5. Date of Birth of Child (Month, day, year) Oct. 24, 1895
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** William Tell Burnett
11. Color white 12. Age at time of THIS birth 47 yrs.
13. Birthplace Atlanta Idaho (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Bertha Lucretia Keene
17. Color white 18. Age at time of THIS birth 18 yrs.
19. Birthplace Corrairie Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's **OWN** signature Alice P. Humphreys M.D. Midwife Address Date
State of..... } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of.....

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address
Subscribed and sworn to before me this.....day of....., 19.....
(SEAL)Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by Maryl Felder, Registrar.

MAR 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338061**
Local Reg. No. **338061**
Reg. Dist. No. **338061**

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County **Latah** (b) City **Moscow**
(c) Street Address or R.F.D. No. **3rd East Prop.**
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county **6** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State **Idaho** (b) County **Latah**
(c) City **Moscow**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **14** yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Vernon Carl Emmons

5. Date of Birth of Child

(Month, day, year) **Feb-14-1895**

6. Sex **M**

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9**

9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME **Fredrick Emmons**
11. Color **white** 12. Age at time of THIS birth **42** yrs.
13. Birthplace **Idaho** (City or town) (State or foreign country)
14. Exact Occupation **Carpenter**
15. Industry or Business **Carpenter**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Daniels**
17. Color **white** 18. Age at time of THIS birth **32** yrs.
19. Birthplace **Idaho** (City or town) (State or foreign country)
20. Exact Occupation **House wife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **5** (b) Born alive and now living **5**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of **California** County of **Alameda** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Brother** of the person whose name appears in Item 4, above, that I am now **58** years of age, that I have known this person for **47** years, and that **Carl** **Delaphine**, who attended this birth **not listed**, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **30** day of **March**, 19**42**

(SEAL)

Notary Public, residing at **3220 E. 5th St. Hayward, Calif**

(Note: Perjury is punished by law in Idaho; Sec. 17-914, Idaho Code Annotated)

Received for filing on **APR 2 1942** by **Marj E. Bell** Registrar.

JUN 3

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 181, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 33, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **338076**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County **Canyon** (b) City **Emmett**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county **12** years **4** months **7** days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Canyon**
(c) City **Emmett**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **12** yrs.
3. RESIDENCE OF FATHER (city, state) **Emmett Idaho**

4. FULL NAME OF CHILD **John Clayton Bane**

5. Date of Birth of Child
(Month, day, year) **Sept 3 1895**

6. Sex **Male** **7. Twin or Triplet** **8. No. months of Pregnancy** **9. Legitimate** **Yes**

FATHER OF CHILD

10. FULL NAME **Sterling Price Bane**
11. Color or Race **White** **12. Age at time of THIS birth** **31** yrs.
13. Birthplace **Tioga Ills**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer & Stockraiser**
15. Industry or Business **Farming**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Nellie Leona Miller**
17. Color or Race **White** **18. Age at time of THIS birth** **27** yrs.
19. Birthplace **Springfield Ill.**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **Borax water diluted**
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living **3**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **Idaho** **M.D.** **Midwife** **Address** **Date**
State of **Idaho** **Gem** } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of }

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **73** years of age, that I have known this person for years, and that **Mrs Ben Wood** who attended this birth **Deceased** I further state that (Is now deceased) or (Cannot be located)
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

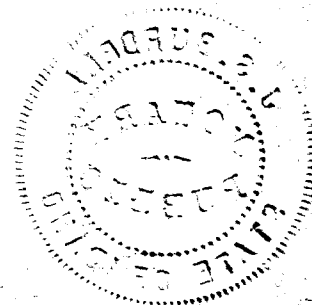
Subscribed and sworn to before me this **24** day of **March**, **1942**.
(SEAL) **Notary Public**, residing at **Emmett Idaho**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAR 27 1942** by **Mary E. Edgar**, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **33854**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **LATAH** (b) City **.....**
(c) Street Address or R.F.D. No. **.....**
(d) Name of Hospital or Maternity Home: **At Home**
(e) Mother's stay BEFORE delivery:
IN THIS county **3** years **0** months **0** days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **Latah**
(c) City **.....**
(d) Street Address or R.F.D. No. **None**
(e) How long has MOTHER lived in Idaho? **3** yrs.

4. **FULL NAME OF CHILD** **George Edward Manson**

5. Date of Birth of Child
(Month, day, year) **3/15/1895**

6. Sex **Male** 7. Twin or Triplet **No** If so—born 1st, 2nd, 3rd **1st**

8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD

10. **FULL NAME** **Wm. Porter Manson**
11. Color **White** 12. Age at time of THIS birth **43** yrs.
13. Birthplace **State of Tennessee**
(City or town) (State or foreign country)
14. Exact Occupation **Lumberman**
15. Industry or Business **Lumberman**

MOTHER OF CHILD

16. **FULL MAIDEN NAME** **Anna Missouri Quimby**
17. Color **White** 18. Age at time of THIS birth **36** yrs.
19. Birthplace **Idaho**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business **Housewife**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **None**
23. Number of children of this mother: **10** at time of birth and including this child **9** (b) Born alive and now living **5**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature **Idaho** M.D. **.....** Address **.....** Date **.....**
Midwife **.....**

State of **Idaho** ss. **.....**
County of **Idaho** **.....** **ss.** **.....**

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Sister** of the person whose name appears in Item 4, above, that I am now **59** years of age, that I have known this person for **47** years, and that **Mrs. Amy De Bolt**, who attended this birth **Dead**, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Manson Signature
Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this **30** day of **June**, 19 **45**
(SEAL) **John H. Phillips** Notary Public, residing at **Lewiston, Ida.**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAR 22 1942** by **Mary E. Blum** Registrar.

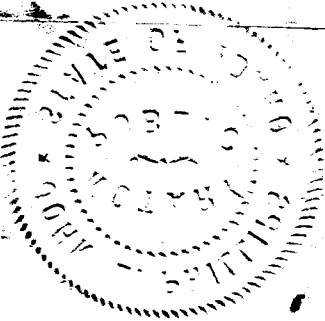
MAR 26 1942

JUL 25 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record by the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **338329**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 37 yrs.

4. **FULL NAME OF CHILD** John Ernest
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 2nd

3. **RESIDENCE OF FATHER** (city, state) Blackfoot Idaho
5. Date of Birth of Child (Month, day, year) Sept 13th 1907
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** George Adam Ernst
11. Color white 12. Age at time of THIS birth 55 yrs.
13. Birthplace Halle, Germany
(City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Susie Williams
17. Color white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Hanksville, Idaho
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Neur Nitrate 27.0
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 10 A M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by George Ernst, who is related to this child as brother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Dr. Deceased M.D. Midwife Address Date
State of Idaho County of Blaine ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 46 years, and that Doctor's mother's father who attended this birth all deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 12, 1937 Session Laws.

George Adam Ernst Signature
1912 no 9th P. O. Address
Subscribed and sworn to before me this 10 day of March, 1942
(SEAL) Alvin Jones Notary Public, residing at Paradise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

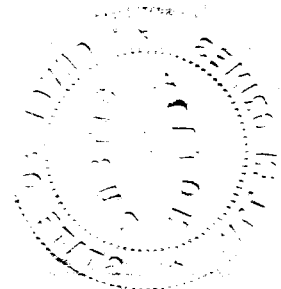
Received for filing on MAR 21 1942 by Marj E. Nelson Registrar.

MAR 27 1902

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

338346

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO MAR 20 1942 Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Lucile P.O.
(c) Street Address or R.F.D. No. Lucile
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county 18 years 2 month 2 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City John Day Creek
(d) Street Address or R.F.D. No. Lucile P.O.
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address Lucile

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD John Archie Deasy

5. Date of Birth (Month, day year) Feb. 21, 1895

6. Sex Male 7. Twin or Triplet Single If so born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Michael Deasy
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Virginia City-Nevada
(City or town) (State or foreign country)
14. Exact Occupation Farmer & Stockraiser
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Henriette Samyra Delmage
17. Color or Race White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Brunswick-Kennett Co. Minn.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 0
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

26. (a) (Date received) (b) Marie E. Deasy (Registrar's signature)
27. Given name added on by (Registrar's signature)
25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of Snohomish

1. Henriette Samyra Deasy, being first duly sworn, say that I am related (Related to (or) acquainted with)
John Archie Deasy as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. A. Foskett (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

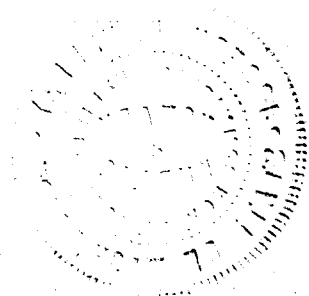
Henriette Samyra Deasy Signature
2023 W 3rd Ave Spokane, Wn. P. O. Address

Subscribed and sworn to before me on this 18th day of March 1942
(SEAL) Joseph E. Husky Notary Public, residing at Spokane, Wn.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338358**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Troy</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Troy</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>13</u> yrs.	
4. FULL NAME OF CHILD <u>Nirina Burdige</u>		3. RESIDENCE OF FATHER (city, state) <u>deceased</u> 5. Date of Birth of Child (Month, day, year) <u>Oct. 13 - 1895</u>	
6. Sex <u>female</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Thomas Richard Burdige</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>Renton, Mass.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Western Union</u> 15. Industry or Business <u>Western Union</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Harriet Jane Edwards</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>27</u> yrs. 19. Birthplace <u>Watford, Ont. Canada</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business <u>House wife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. <u>Boric Acid</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 12.30 p.m. on the date (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Harriet Burdige, who is related to this child as Mother
 (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Harriet Burdige **Address** 11609 Saticoy St. **Date** 2-3-1942

State of California **County of** Los Angeles ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 46 years, and that Dr. Scallon, who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet J. Burdige Signature
11609 Saticoy St. No. Hollywood, Calif. R.O. Address

Subscribed and sworn to before me this 3rd day of February, 1942
 (SEAL) Harry C. Woods Notary Public, residing at Rosemead, Calif.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

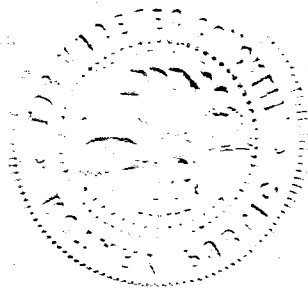
Received for filing on MAR 19 1942 by Mary E. Fisher, Registrar.

MAR 3 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338370**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Elba
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 16 years -- months -- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Elba
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Elba, Idaho

4. **FULL NAME OF CHILD** Asael Albert Hadfield

5. Date of Birth of Child
(Month, day, year) May 4, 1895

6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Samuel Hadfield
11. Color White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Farmington, Utah
(City or town) (State or foreign country)
14. Exact Occupation Stockranch
15. Industry or Business Merchant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Luella Smith
17. Color White 18. Age at time of THIS birth 37 yrs.
19. Birthplace (Unknown) Juab Co., Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature W.D. Midwife Address Clearfield, Utah Date

State of Utah County of Davis } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 46 years, and that Annie Perry who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W.D. Midwife Signature
Clearfield, Utah P. O. Address

Subscribed and sworn to before me this March day of 1942
(SEAL) Notary Public Notary Public, residing at Clearfield, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Marj E. Butler Registrar.

MAR 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

796-119 002.735

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

338453
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County now Adams (b) City Council
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County now Adams
(c) City Council
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Council, Idaho

5. Date of Birth of Child

(Month, day, year) Sept. 19, 1895

4. FULL NAME OF CHILD

Jesse Newton Groseclose

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jesse Newton Groseclose

11. Color White 12. Age at time
or Race of THIS birth 35 yrs.

13. Birthplace Missouri
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Rebecca Glenn

17. Color White 18. Age at time
or Race of THIS birth 28 yrs.

19. Birthplace Harrison Arkansas
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by , who is
related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Washington
County of Grays Harbor } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
in Item 4, above, that I am now 75 years of age, that I have known this person for all his life years, and that

Mrs. Henderson (First name) (Last name) who attended this birth is now deceased. I further state that
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Martha Rebecca Glenn Groseclose Signature

Humtulsips, Washington P. O. Address

Subscribed and sworn to before me this 14th day of March, 1942

(SEAL)

Charles W. Hodgdon Notary Public, residing at Hoquiam, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

MAR 21 1942

by

Martha B. Glenn

Registrar.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



766-2141225-464

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338502**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City near Harpster
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Her own home on farm near Harpster
(e) Mother's stay BEFORE delivery: 56 years 0 months 0 days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City near Harpster
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 56 yrs.

3. RESIDENCE OF FATHER (city, state) near Harpster

4. FULL NAME OF CHILD Elva Francis Goodwin

5. Date of Birth of Child
(Month, day, year) July - 14 - 1895

6. Sex female 7. Twin or Triplet one If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Abner Goodwin
11. Color white 12. Age at time of THIS birth 36 yrs.
13. Birthplace Illinois U.S.A.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Vernetta Bell Douglass
17. Color white 18. Age at time of THIS birth 32 yrs.
19. Birthplace Fort Collins Colorado U.S.A.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of New Pice

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 47 years, and that Margaret A. Farris, who attended this birth is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

May Knorr nee Goodwin Signature
Caldwell Idaho P. O. Address

Subscribed and sworn to before me this 21 day of March, 1942.
(SEAL) Paul H. Henshaw Notary Public, residing at Leicester Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by May Knorr, Registrar.

MAR 21 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-123-244-955

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338550**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay **BEFORE** delivery:
IN THIS county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier, Idaho
5. Date of Birth of Child Idaho
(Month, day, year) 5/23/1895

4. FULL NAME OF CHILD Ernest Evan Smith
6. Sex male 7. Twin or Triplet XXX If so—born 1st, 2nd, 3rd XXX

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Alfred W. Smith
11. Color white 12. Age at time of THIS birth 46 yrs.
13. Birthplace Belfast, Ireland.
(City or town) (State or foreign country)
14. Exact Occupation Ry. shop employee.
15. Industry or Business None

MOTHER OF CHILD
16. FULL MAIDEN NAME Ellen Reese
17. Color white 18. Age at time of THIS birth 40 yrs.
19. Birthplace Premishire, Wales.
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature Idaho M.D. Bear Lake Midwife Address Date

State of Idaho ss.
County of Bear Lake

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for all his life years, and that Frances Bridges, midwife, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x. Ellen Reese Smith Signature
Montpelier, Idaho. P. O. Address

Subscribed and sworn to before me this 21st day of March, 19 42
(SEAL) Chas. E. Evans Notary Public, residing at Montpelier,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Mary J. [Signature] Registrar.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

769-226-014-995

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338557**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett Ida

4. FULL NAME OF CHILD Barbara Elmel Portlock

5. Date of Birth of Child
(Month, day, year) Nov. 26, 1995

6. Sex female **7. Twin or** **If so—born**
Triplet **1st, 2nd, 3rd**

8. No. months **9. Legitimate?**
of Pregnancy 9 Yes.

FATHER OF CHILD

10. FULL NAME Moses Alfred Portlock
11. Color White **12. Age at time**
or Race White **of THIS birth** 30 yrs.
13. Birthplace Walla Walla Wash
(City or town) (State or foreign country)
14. Exact
Occupation Farmer
15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Irvine
17. Color White **18. Age at time**
or Race White **of THIS birth** 39 yrs.
19. Birthplace Pencelwisia
(City or town) (State or foreign country)
20. Exact
Occupation
21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 5:45 PM M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Moses A. Portlock, who is
related to this child as father (First name) (Last name)
(Mother, etc.)

25. Attendant's **M.D.**
OWN signature **Midwife** **Address** **Date**

State of Idaho } ss.
County of Idaho

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears
in Item 4, above, that I am now 76 years of age, that I have known this person for 46 years, and that
(First name) (Last name) (Is now deceased) or (Cannot be located)
who attended this birth. I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Moses A. Portlock Signature
Emmett Idaho P. O. Address

Subscribed and sworn to before me this 30th day of December, 1995
(SEAL) Ed S. Stueben Notary Public, residing at Emmett, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Mary Stueben, Registrar.

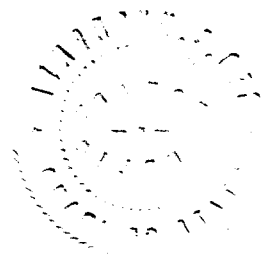
MAR 30 1947

JUL 14 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

338568
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Katahdan (b) City near Kendrick
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 10 years - months - days

4. FULL NAME OF CHILD

Henry Nicholas Weaver

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Katahdan
(c) City Near Kendrick
(d) Street Address or R.F.D. No. 1

(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Kendrick Idaho

5. Date of Birth of Child April 14, 1895
(Month, day, year)

10. FULL NAME

Charles Weaver

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Katahdan New York
(City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business farming

16. FULL MAIDEN NAME

Magge Phair

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Missouri
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Katahdan

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 47 years, and that none who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Weaver

Subscribed and sworn to before me this 19th day of March, 1942
(SEAL) Wm. J. Anson

Signature Charles Weaver
P. O. Address Kendrick Idaho
Residing at Polatch, Idaho
My Commission Expires Dec. 3, 1944

Received for filing on

MAR 21 1942

by

Wm. J. Anson

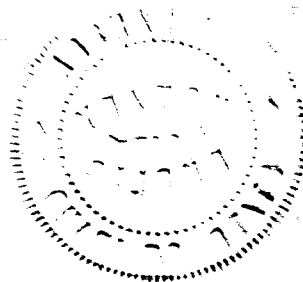
Registrar.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

815-112-002-454

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338620**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born in private home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 19 years 9 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
3. RESIDENCE OF FATHER (city, state) Council, Ida.

4. FULL NAME OF CHILD Blake Hancock
6. Sex Male
7. Twin or Triplet
8. No. months of Pregnancy 9
9. Legitimate? Yes

5. Date of Birth of Child
(Month, day, year) Sep. 12. 1895

FATHER OF CHILD
10. FULL NAME John Hancock
11. Color or Race White **12. Age at time of THIS birth** 38 yrs.
13. Birthplace Missouri
(City or town) (State or foreign country)
14. Exact Occupation Hotel Prop.
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Josephine Underwood
17. Color or Race White **18. Age at time of THIS birth** 19 yrs.
19. Birthplace Indian Valley Idaho
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Idaho **M.D.** Adams **Address** **Date**
State of County of } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 46 years, and that Mrs. Gifford who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Josephine Brinson Signature
New Meadows, Idaho P. O. Address

Subscribed and sworn to before me this 11 day of March, 1942.
(SEAL) Notary Public, residing at New Meadows, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

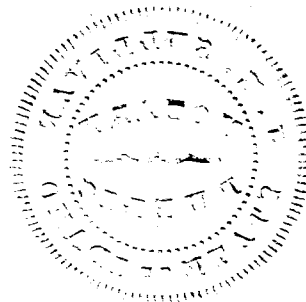
Received for filing on MAR 12 1942 by Registrar.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338825**
Local Reg. No. **18**
Reg. Dist. No. **140**

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Shoshone** (b) City **Wahvale**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **None**

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD

Adelaide Freda Stiffans

6. Sex **F**

7. Twin or Triplet

If so, born 1st, 2nd, 3rd

8. No. months of Pregnancy **9**

9. Legitimate? **Yes**

10. FULL NAME

Michael Stiffans

11. Color **W**
or Race

12. Age at time of THIS birth **42** yrs.

13. Birthplace

(City or town) **Germany** (State or foreign country)

14. Exact Occupation **Restaurant man**

15. Industry or Business

5. Date of Birth of Child

(Month, day, year) **Dec 21-1895**

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Shoshone**

(c) City

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? **5** yrs.

3. RESIDENCE OF FATHER (city, state)

MOTHER OF CHILD

16. FULL MAIDEN NAME

Augusta Fraiche

17. Color **W**
or Race

18. Age at time of THIS birth **27** yrs.

19. Birthplace

(City or town) **Germany** (State or foreign country)

20. Exact Occupation **FW**

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **3** (b) Born alive and now living **3**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at **7 A** M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of **Idaho** County of **Shoshone** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Friend** of the person whose name appears in Item 4, above, that I am now **75** years of age, that I have known this person for years, and that

Dr McQu who attended this birth **deceased** I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X **H. J. Kinkadee** Signature

Elizabeth S. Ward P. O. Address

Subscribed and sworn to before me this **26** day of **March** 19**42**

(SEAL)

Elizabeth S. Ward Notary Public, residing at **Idaho**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **March 26 - 42** by **John A. Bower** Registrar.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-185604K-554

338869

338869

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

APR 1 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Washington</u> (b) City <u>Heath</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Heath</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>12</u> yrs.	
4. FULL NAME OF CHILD <u>Merl Wallace</u>		3. RESIDENCE OF FATHER (city, state) <u>Heath Ida.</u> 5. Date of Birth of Child (Month, day, year) <u>Mar 5th 1895</u>	
6. Sex 7. Twin or Triplet If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Charles Elbert Wallace</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>24</u> yrs. 13. Birthplace <u>Gastonia Iowa</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Garric Hedgcock</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>23</u> yrs. 19. Birthplace <u>St. Louis City Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>School Teacher</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
 23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
 (First name) (Last name)
 (Mother, etc.)
 25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss.
 County of Washington

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 47 years, and that Mrs Anna Burke who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Adams Signature
Wm. W. W. P. O. Address

Subscribed and sworn to before me this 3rd day of March, 1942
 (SEAL) C. H. Taylor Notary Public, residing at Wams, Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by Mam E Elder Registrar.

APR 1 1942

FEB 6 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

155-130-006-691

339008

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Baysalt
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county one years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Baysalt
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? two yrs.

3. RESIDENCE OF FATHER (city, state) two years

4. FULL NAME OF CHILD Willard Jensen

5. Date of Birth of Child
(Month, day, year) June 30, 1895

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Jensen
11. Color white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Oslo, Norway
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Kate Edith Francom
17. Color white 18. Age at time of THIS birth 18 yrs.
19. Birthplace Evanston, Wyoming
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California ss.
County of Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for.....years, and that midwife who attended this birth.....
(First name) (Last name) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires March 4, 1944

Subscribed and sworn to before me this 24 day of March, 1942.

(SEAL) Frances Sholar Notary Public, residing at San Gabriel Calif
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

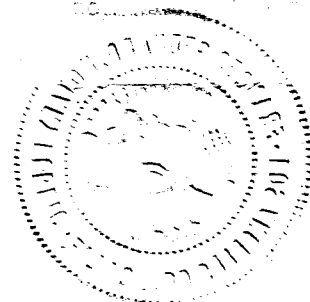
Received for filing on MAR 30 1942 by Mary Pfeiffer Registrar.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339031**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County... Canyon (b) City... Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State... Idaho (b) County... Canyon
(c) City... Caldwell
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7.0 yrs.

4. **FULL NAME OF CHILD**... Hyrum LeRoy Davis
7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) 66
5. Date of Birth of Child (Month, day, year) Oct 30/1895
8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME**... Hyrum Davis Davis
11. Color or Race... White 12. Age at time of THIS birth... 24 yrs.
13. Birthplace... Willard Utah
(City or town) (State or foreign country)
14. Exact Occupation... Farming and Blacksmithing
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME**... Margaret Victoria Williams
17. Color or Race... White 18. Age at time of THIS birth... 23 yrs.
19. Birthplace... Malad City Idaho
(City or town) (State or foreign country)
20. Exact Occupation... House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum... He is the only child I gave birth to alive
23. Number of children of this mother: (a) At time of birth and including this child... none (b) Born alive and now living... 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was... alive at... one P. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by... , who is related to this child as... (First name) (Last name)
(Mother, etc.)
25. Attendant's OWN signature M.D. Midwife Address Date

State of... Idaho
County of... Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the... mother of the person whose name appears in Item 4, above, that I am now... 70 years of age, that I have known this person for... 46 years, and that Dr. Kohler who attended this birth... is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this... 6th day of... March, 19... 42
(SEAL) Signature... Victoria Davis
P. O. Address... Malad City, Idaho
Notary Public, residing at... Malad City, Ida.
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)
Commission expires Nov. 1, 1944.

Received for filing on... MAR 30 1942 by... Marl B. B. B. Registrar.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

862-1291229-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

339107

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>Satah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. <u>W. Adams</u> (d) Name of Hospital or Maternity Home:		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Satah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>46</u> yrs. (f) Mother's mailing address <u>Deceased</u>	
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days. In THIS county. <u>4</u> years. <u>3</u> months. <u>22</u> days.		3. RESIDENCE OF FATHER (city, state) <u>Deceased</u>	
4. FULL NAME OF CHILD <u>George William Hoke</u>		5. Date of Birth (Month, day, year) <u>Sept. 29, 1895</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Jacob Lore Hoke</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>40</u> yrs. 13. Birthplace <u>Williamsburg Penn.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Harness Maker</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Agnerman</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>38</u> years 19. Birthplace <u>Praque Bohemia</u> (City or town) (State or foreign country) 20. Exact Occupation	
22. Name prophylactic used to prevent Ophthalmia Neonatorum		23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>1</u> (c) Born alive and now dead <u>1</u> (d) Stillborn <u>none</u>	

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a) MAR 27 1942 (Date received) (b) [Signature] (Attendant's signature)
27. Given name added on.....by..... (Registrar's signature)
25. Attendant's OWN signature.....M.D. or.....
(D.O., Midwife, etc.)
and address.....Date.....

State of.....Idaho.....ss.
County of.....Satah.....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George William Hoke, being first duly sworn, say that I am related to
(Name of person on certificate above) (State relationship or acquaintance)
as first cousin, whose birth certificate
appears above; and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that G. E. Washington, who attended
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 27 day of March, 1942
(SEAL) Robert W. Peterson Notary Public, residing at Moscow, Idaho

APR

1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265-105-007-469
APR 4 1942

339315

339315

United States
Department of Commerce
Bureau of the Census

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Hatchum Ida
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 10 years months days

4. FULL NAME OF CHILD

Bussell Bonning

6. Sex

Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME

James Henry Bonning

11. Color

White

12. Age at time

42

of THIS birth yrs.

13. Birthplace

England

(City or town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine

(c) City Hatchum

(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state) Hatchum Ida

5. Date of Birth of Child

(Month, day, year) 1-5-95

8. No. months

of Pregnancy 9

9. Legitimate?

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ella Mary Morrell

17. Color

White

18. Age at time

28

of THIS birth yrs.

19. Birthplace

Taylorville Cal.

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 9-6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho }
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 47 years, and that

Stella
(First name)

Yount
(Last name)

who attended this birth is now deceased I further state that
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Mary Bonning
Hailey, Idaho

Signature

P. O. Address

Subscribed and sworn to before me this 26 day of March, 1942

(SEAL)

R. V. McLoe

Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 1942

by Maude E. Edgar, Registrar.

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

285-130-01X-251

339352

339352

United States
Department of Commerce
Bureau of the Census

APR 7 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho?

3. RESIDENCE OF FATHER (city, state) Payette, Ida.

5. Date of Birth of Child
(Month, day, year) Oct. 30, 1895

4. FULL NAME OF CHILD Drexel Paul Sherman

6. Sex boy 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Paul Alexander Sherman
11. Color White 12. Age at time of THIS birth 50 yrs.
13. Birthplace Longview, N.Y.
(City or town) (State or foreign country)
14. Exact Occupation Hardware Merchant
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Canyon Seaman
17. Color White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Canyon, Trail
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Deceased M.D. Midwife Address Date

State of Idaho ss. AFFIDAVIT to be completed when the attendant does not sign
County of Ada in Item 25.

I, the undersigned, being first duly sworn, say that I am the First Cousin of the person whose name appears
in Item 4, above, that I am now 72 years of age, that I have known this person for all time years, and that
Dr. Pongue who attended this birth is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Bert Pongue Harlan Signature
Route #1, Boise, Idaho. P. O. Address

Subscribed and sworn to before me this 1st day of April, 1942
(SEAL) Marion E. Orr Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

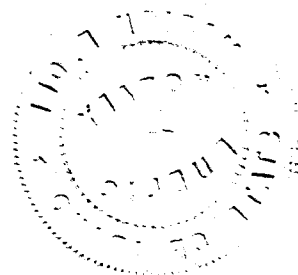
Received for filing on APR 7 1942 by Marj Elder Registrar.

APR 8 1917

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



235-709-025-995

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339402**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County... Idaho (b) City... Clearwater
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay BEFORE delivery:
IN THIS county 16 years 4 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State... Idaho (b) County... Idaho
(c) City... Clearwater
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 53 yrs.

3. RESIDENCE OF FATHER (city, state) Burley, Idaho

4. FULL NAME OF CHILD

Robert Stephens

6. Sex Male

7. Twin or Triplet ☒

If so—born 1st, 2nd, 3rd ☒

8. No. months of Pregnancy 9

9. Legitimate? Yes

5. Date of Birth of Child (Month, day, year) Oct 9-1895

FATHER OF CHILD

10. FULL NAME Allen Daniel Stephens
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Gannin Co. Texas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ☒

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Riebold
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Nevada Calif.
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business ☒

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

25. Attendant's OWN signature

M.D. Midwife

Address

Date

State of Idaho } ss.
County of Cassia

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 46 years, and that Mrs. Landon is now deceased, who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Allen D. Stephens Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of March, 19 42
(SEAL) Ernest A. Thompson Notary Public, residing at Burley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by Mary E. Fisher Registrar.

APR 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339493**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

* (a) County Bingham (b) City near Ucon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
none
(e) Mother's stay BEFORE delivery:
IN THIS county 8 years ? months ? days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State. (b) County.
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD. James Elmer Irwin

5. Date of Birth of Child
(Month, day, year) Dec. 7, 1895

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd --- 8. No. months of Pregnancy 9 9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Robert Irwin
11. Color or Race white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Belfast Ireland
(City or town) (State or foreign country)
14. Exact Occupation Retired farmer
15. Industry or Business Retired farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Berrett
17. Color or Race white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Ogden Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum. None
23. Number of children of this mother: (a) At time of birth and including this child. 3 (b) Born alive and now living. 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~born alive, stillborn~~ on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Idaho
State of County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 47 years, and that Josephine Thompson who attended this birth is deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 1st day of April, 1942.
(SEAL) Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Mary E. [Signature], Registrar.

* Now Bonneville County.

APR 10 1942

APR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

712-213-037-912

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339498**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Owyhee (b) City Delmar
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Owyhee
(c) City Delmar
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Pearl May Pascoe

5. Date of Birth of Child Nov 13/1895
(Month, day, year)

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Pascoe
11. Color White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Trewenack-Wendron-Co. Cornwall
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Dray Pascoe
17. Color White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Isle Royal, Michigan
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at ? M. on the date ? and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN Signature

M.D. Midwife

Address

Date

State of Idaho County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the attendant of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 46 years, and that John Pascoe who attended this birth is deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 13 day of November, 1942
(SEAL) Catherine Bannay Signature
P. O. Address Butte, Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code.)
I, John Pascoe, Clerk of the District Court of the Second Judicial District of the State of Montana, do hereby certify that the foregoing is a true and correct copy of the original as filed in my office.

Received for filing on APR 1 1942 by John Pascoe Registrar.

APR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755-110-079-291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

339534
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County..... Custer..... (b) City..... Houston.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
IN THIS county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State..... Idaho..... (b) County..... Custer.....
(c) City..... Houston.....
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Same

5. Date of Birth of Child
(Month, day, year)..... March 10, 1895

4. FULL NAME OF CHILD

Charles Robert Pence

6. Sex male 7. Twin or Triplet neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME..... James Robert Pence.....
11. Color white 12. Age at time of THIS birth..... 31 yrs.
13. Birthplace..... Lemax, Illinois.....
(City or town) (State or foreign country)
14. Exact Occupation..... Rancher.....
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME..... Catherine Ann Bradshaw.....
17. Color white 18. Age at time of THIS birth..... 23 yrs.
19. Birthplace..... Calston Valley, Montana.....
(City or town) (State or foreign country)
20. Exact Occupation..... Housewife.....
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum..... none

23. Number of children of this mother: (a) At time of birth and including this child..... 2..... (b) Born alive and now living..... 2.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature..... M.D. Midwife Address Date

State of..... Idaho..... } ss.
County of..... Custer..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... Father..... of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now..... 79..... years of age, that I have known this person for..... 47..... years, and that
..... Martha Keen....., who attended this birth..... is now deceased..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this..... 30..... day of..... March....., 19.....
(SEAL)..... Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho, Sec 845, 17-914, Idaho Code Annotated.)

Received for filing on..... APR 1 1942..... by....., Registrar.

JUN 6 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

463-209-028-559

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

339580
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address Coeur d'Alene Idaho

3. RESIDENCE of FATHER (city, state) Coeur d'Alene Idaho

4. FULL NAME OF CHILD

Helen Anna Molkenstien

5. Date of Birth

(Month, day year) Apr. 9, 1895

6. Sex Female

7. Twin or Triplet
If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Herman Ernst Molkenstien

11. Color or Race white 12. Age at time of THIS birth 35 yrs.

13. Birthplace Neustettin Germany
(City or town) (State or foreign country)

14. Exact Occupation Miller

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Rosaliga Verno

17. Color or Race white 18. Age at time of THIS birth 36 yrs.

19. Birthplace Neustettin Germany
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) APR 3 1942 (b) Molkenstien
(Date received) (Registrar's signature)

25. Attendant's OWN signature _____ M.D.

27. Given name added on _____ by _____
(Registrar's signature)

and address _____ Date _____ (D.O., Midwife, etc.)

State of California } ss.
County of San Diego

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Herman Ernst Molkenstien being first duly sworn, say that I am related to Helen Anna Molkenstien (Willst) as Father
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended

said birth was the only attendant and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Herman Ernst Molkenstien Signature
3529 India St., San Diego Cal. P. O. Address

Subscribed and sworn to before me on this 30th day of March 1942
(SEAL) Constance S. Beebe Notary Public, residing at San Diego, Calif.

In and for the County of San Diego, State of California My Commission Expires Mar. 23, 1943

APR 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

731-201-003-019

339602

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County BANNOCK (b) City POCATELLO
(c) Street Address or R.F.D. No.....

(d) Name of Hospital or Maternity Home:

BORN AT HOME

(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County BANNOCK

(c) City POCATELLO

(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho?.....yrs.

3. RESIDENCE OF FATHER (city, state) POCATELLO, IDA

4. FULL NAME OF CHILD HELEN VIRGINIA PLATT

5. Date of Birth of Child
(Month, day, year) JULY 1, 1895

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME HOWARD VERDEN PLATT

11. Color WHITE 12. Age at time of THIS birth 30 yrs.

13. Birthplace LYNN, INDIANA
(City or town) (State or foreign country)

14. Exact Occupation RAILROAD CLERK

15. Industry or Business OREGON SHORT LINE R.R.

MOTHER OF CHILD

16. FULL MAIDEN NAME LAURA BELLE BARNES

17. Color WHITE 18. Age at time of THIS birth 30 yrs.

19. Birthplace NEAR WINCHESTER, INDIANA
(City or town) (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
California Midwife Address Date

State of California County of San Diego ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 47 years, and that

Beau who attended this birth Deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 30th day of March, 1942
(SEAL) Howard Verden Platt Signature
339602 Bushback Blvd Van Nuys Calif P. O. Address

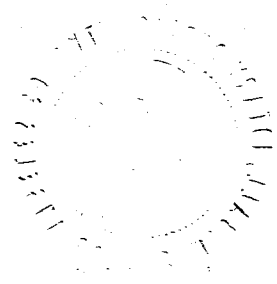
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires June 17, 1943

Received for filing on APR 3 1942 by Marj E. Epler Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

219-230-016-864

339610

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Elba</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: <u>IN THIS county 13 years 5 months 26 days</u>		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Elba</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>13</u> yrs.	
4. FULL NAME OF CHILD <u>Susan Eva Barker</u>		3. RESIDENCE OF FATHER (city, state) <u>Elba Idaho</u>	
6. Sex <u>Female</u>		5. Date of Birth of Child (Month, day, year) <u>Dec. 30, 1895</u>	
7. Twin or Triplet		8. No. months of Pregnancy <u>9</u>	
8. If so—born 1st, 2nd, 3rd		9. Legitimate? <u>Yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Samuel Henry Barker</u>		16. FULL MAIDEN NAME <u>Susan Elza Homer</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>32</u> yrs.		18. Age at time of THIS birth <u>30</u> yrs.	
13. Birthplace <u>Wellsville Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>Smithfield Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farming and Stock raising</u>		20. Exact Occupation <u>House wife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 46 years, and that Martha Kersh, who attended this birth dead I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel Henry Barker Signature
Elba Idaho P. O. Address

Subscribed and sworn to before me this 28 day of March, 19 42
(SEAL) Harry W. M. M. M. Notary Public, residing at Burley, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Martha Kersh Registrar.

APR 1 1922

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339706**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County **ADA** (b) City **BOISE/IDAHO**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **HOME**
(e) Mother's stay **BEFORE** delivery:
IN THIS county **7** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **IDAHO** (b) County **ADA**
(c) City **BOISE**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **✓** yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD **NED-WEBER**
6. Sex **MALE** **7. Twin or Triplet** **8. No. months of Pregnancy** **9. Legitimate?** **7/10**

5. Date of Birth of Child (Month, day, year) **10-10-95**

FATHER OF CHILD
10. FULL NAME **WILLIAM WEBER**
11. Color or Race **WHITE** **12. Age at time of THIS birth** **38** yrs.
13. Birthplace **KENTON-OHIO U.S.A.**
(City or town) (State or foreign country)
14. Exact Occupation **BUTCHER**
15. Industry or Business **BUTCHER-SHOP**

MOTHER OF CHILD
16. FULL MAIDEN NAME **SUSIE-CATHRINE-ADLESBERGER**
17. Color or Race **WHITE** **18. Age at time of THIS birth** **28** yrs.
19. Birthplace **HAMILTON-OHIO U.S.A.**
(City or town) (State or foreign country)
20. Exact Occupation **HOUSEWIFE**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child **5** (b) Born alive and now living **6**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Midwife** **Address** **Date**

State of **ILLINOIS** County of **COOK** } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **SISTER** of the person whose name appears in Item 4, above, that I am now **49** years of age, that I have known this person for **46** years, and that **CARRIE-WEBER-KEEFER**, who attended this birth **DECEASED** I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature **P.O. Address**
Subscribed and sworn to before me this **19th** day of **March**, 19**42**
(SEAL) **Notary Public, residing at** **Chicago Ill**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **APR 3 1942** by **Registrar**

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

553-109-021-691

339820

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Franklin (b) City Mink Creek
(c) Street Address or R.F.D. No. Monk Creek, Postoffice
(d) Name of Hospital or Maternity Home: Home of Mr. & Mrs. J. P. Nelson
(e) Mother's stay **BEFORE** delivery:
IN THIS county 12 years 5 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Mink Creek
(d) Street Address or R.F.D. No. Postoffice
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) Utah

4. **FULL NAME OF CHILD** Almon Lorenzo Nelson

5. Date of Birth of Child
(Month, day, year) 4/9, 1925

6. Sex male 7. Twin or Triplet XXX If so—born 1st, 2nd, 3rd sixth 8. No. months of Pregnancy 9X 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>James Peter Nelson</u>	16. FULL MAIDEN NAME <u>Carrie Marie Fransen</u>		
11. Color <u>white</u> 12. Age at time of THIS birth <u>32</u> yrs.	17. Color <u>white</u> 18. Age at time of THIS birth <u>30</u> yrs.		
13. Birthplace <u>Denmark</u> (City or town) (State or foreign country)	19. Birthplace <u>Denmark</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farming</u>	20. Exact Occupation <u>Farmer</u>		
15. Industry or Business <u>Retired</u>	21. Industry or Business <u>Retired</u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born 25 at 4:00 A.M. on the date April 9, 1925
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Carrie M. F. Nelson who is related to this child as mother
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Adria Keller XXX Midwife Address deceased Date 1924

Idaho Franklin County of Franklin } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 46 years, and that Adria Keller, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 25 day of March 1925
(SEAL) J. Newman Notary Public, residing at Brigham, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

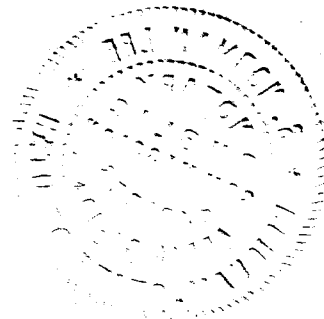
Received for filing on APR 6 1942 by Mabel Beeler, Registrar.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

831-120006-585

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

339822

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Victor
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Victor
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 5 yrs.
3. RESIDENCE OF FATHER (city, state) Victor, Idaho

4. FULL NAME OF CHILD Arthur Blair
5. Date of Birth of Child (Month, day, year) 12/20/95
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Edward Fenwick Blair
11. Color White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Buffalo, New York
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Effie Eynon
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Hyde Park, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho ss.
County of Bingham

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 47 years, and that Eliza Eynon (Last name), who attended this birth.....Deceased.....I further state that (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Eynon Blair Signature
Effie Eynon Blair P. O. Address

Subscribed and sworn to before me this 30 day of March, 1942
(SEAL) E. J. Meredith Notary Public, residing at.....
(Note: Perjury is punishable in Idaho; see Sec. 17-914, Idaho Code Annotated.)

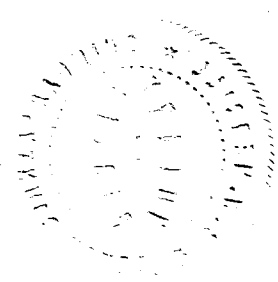
Received for filing on APR 6 1942 by Mary E. Fisher Registrar.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339841**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Satah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county One years months days

4. FULL NAME OF CHILD

Milton Logan Skelton

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Satah
(c) City Moscow
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? One yrs

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

5. Date of Birth of Child (Month, day, year) 1895 March 30

10. FULL NAME OF FATHER OF CHILD

John Logan Skelton

11. Color White 12. Age at time of THIS birth 32 yrs.

13. Birthplace Centralia, Illinois
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

16. FULL MAIDEN NAME OF MOTHER OF CHILD

Belle May Bishop

17. Color White 18. Age at time of THIS birth 31 yrs.

19. Birthplace Clarksville, Iowa
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Washington County of Chelan ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 47 years, and that

Charles Tritman M.D., who attended this birth is now deceased. I further state that

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Belle May Skelton

Signature

Leavenworth, Washington

P. O. Address

Subscribed and sworn to before me this 2nd day of April, 1942.

(SEAL)

Kerman Howe

Notary Public, residing at Leavenworth

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

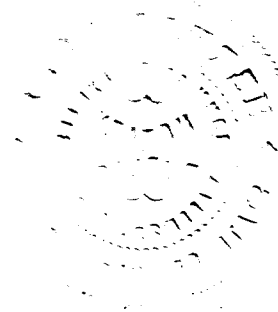
Received for filing on APR 7 1942 by Mary Skelton, Registrar.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339856**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Kendrick

5. Date of Birth of Child
(Month, day, year) July 8, 1895

4. FULL NAME OF CHILD

Samuel Huston Ferguson

6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Tollifer Doc Ferguson
11. Color white 12. Age at time of THIS birth 40 yrs.
13. Birthplace Holden Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Virginia Lee Grasty
17. Color white 18. Age at time of THIS birth 39 yrs.
19. Birthplace Pilot Rock Oregon
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss.
County of Yakima

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 7.7 years of age, that I have known this person for 47 years, and that Mrs. Stevens (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Virginia Lee Ferguson Signature
Wapato, Washington P. O. Address

Subscribed and sworn to before me this 6 day of April, 1942.
(SEAL) Notary Public, residing at Wapato

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1942 by Marcel E. Gleser Registrar.

378 10 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-109 006-869

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

340208
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay BEFORE delivery;
IN THIS county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 14 yrs.
3. RESIDENCE OF FATHER (city, state) Idaho Falls.

4. FULL NAME OF CHILD George Heber Holden
6. Sex M 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME John Holden
11. Color White 12. Age at time of THIS birth..... yrs.
13. Birthplace Lancashire, Eng
(City or town) (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Ann Horkley
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Salfordshire, Eng.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature..... M.D. Midwife Address..... Date.....
State of Idaho County of Bonneville } ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears in Item 4, above, that I am now.....71.....years of age, that I have known this person for.....Life.....years, and that Mrs. Cook....., who attended this birth.....is deceased.....I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Holden.....Signature
379 Lava St. Idaho Falls, Ida......P. O. Address
Subscribed and sworn to before me this 9th day of April, 1942
(SEAL) W. J. Brown.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on APR 10 1942 by W. J. Brown Registrar.

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



963 125022-235

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **340386**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County **Fremont** (b) City **Rexburg**
(c) Street Address or R.F.D. No. **Three**
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
IN THIS county **5** years - month - days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Fremont**
(c) City **Rexburg**
(d) Street Address or R.F.D. No. **Three**
(e) How long has **MOTHER** lived in Idaho? **Five** yrs.
(f) Mother's mailing address **Rexburg, Idaho**.

3. RESIDENCE of FATHER (city, state) **Idaho**.

4. FULL NAME OF CHILD

Henry Rock

5. Date of Birth
(Month, day year) **8/25/1895**

6. Sex **Male**

7. Twin or Triplet - - If so—born 1st, 2nd, 3rd - -

8. No. months of Pregnancy **9** 9. Legitimate? **Yes**.

FATHER OF CHILD

10. FULL NAME **James W. Rock**
11. Color **White** 12. Age at time of THIS birth **25** yrs.
13. Birthplace **Morgan, Utah**
(City or town) (State or foreign country)
14. Exact Occupation **Cement Worker**
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **Lilly M. Stevens**
17. Color **White** 18. Age at time of THIS birth **21** yrs.
19. Birthplace **Upton, Utah**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child **3** (b) Born alive and now living **3**
(c) Born alive and now dead - (d) Stillborn - -

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

26. (a) **APR 13 1942** (b) **M. M. Walz**
(Date received) (Registrar's signature)
27. Given name added on.....by.....
(Registrar's signature)

25. Attendant's OWN signature.....M.D.
(D.O., Midwife, etc.)
and address.....Date

State of **Idaho** } ss.
County of **Madison**

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED

I, **Lilly M. Rock**, being first duly sworn, say that I am **related to**
Henry Rock as **mother**
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Mrs. Walz**, who attended
(Name of attendant at birth)
said birth **is now deceased** and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this **10th** day of **April**, 19**42**.
(SEAL) **Lilly M. Rock** Signature
Rexburg, Idaho, RFD#3 P. O. Address
James Walz residing at **Rexburg, Idaho**.
Clerk of District Court

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

363 225003 433

340461

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Soda Springs
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
IN THIS county 12 years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Soda Springs
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
3. **RESIDENCE OF FATHER** (city, state) Soda Springs

4. **FULL NAME OF CHILD** Hannah Tolmie
6. Sex female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

5. Date of Birth of Child
(Month, day, year) Aug. 25, 1895
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Donald Tolmie
11. Color _____ 12. Age at time of THIS birth 50 yrs.
13. Birthplace Maryborough, Rosshire, Scotland
(City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business Cattle

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Annabelle McLeod
17. Color _____ 18. Age at time of THIS birth 37 yrs.
19. Birthplace Munlocky, Rosshire, Scotland
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Midwife _____ Address _____ Date _____

State of _____ } ss.
County of _____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 47 years, and that _____, who attended this birth _____ I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annabelle Tolmie Signature
Beauford Tolmie P. O. Address

Subscribed and sworn to before me this _____ day of _____, 1942
(SEAL) _____ Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1942 by Harold E. Eifer, Registrar.

SEP 25 1967

MAR 10 1947

FEB 27 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

652-203029-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

340484
State File No. 340484
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Cora
(c) Street Address or R.F.D. No. P.O.
(d) Name of Hospital or Maternity Home:
five years
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Cora
(d) Street Address or R.F.D. No. P.O.
(e) How long has MOTHER lived in Idaho? five yrs.
3. RESIDENCE OF FATHER (city, state) Cora Idaho

4. FULL NAME OF CHILD Lela Loulean Stesh

5. Date of Birth of Child
(Month, day, year) July 3rd 1895

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Henry Stesh
11. Color white 12. Age at time of THIS birth 39 yrs.
13. Birthplace Springfield Missouri
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Leticia Endra
17. Color white 18. Age at time of THIS birth 34 yrs.
19. Birthplace Springfield Missouri
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child five (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
State of California County of Calaveras } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 46 years, and that Sarah Hayden, who attended this birth deceased I further state that (First name) (Last name) (If now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this _____ day of _____, 19____
(SEAL) _____ Notary Public, residing at Santa Monica
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by Marj B. Baker Registrar

APR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

453-16029-214

340505

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County.....Latah..... (b) City.....Moscow.....
(c) Street Address or R.F.D. No.....on Farm.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State.....Idaho..... (b) County.....Latah.....
(c) City.....Moscow..... P.O. Address.....
(d) Street Address or R.F.D. No.....on Farm.....
(e) How long has MOTHER lived in Idaho?.....Five..... yrs.
3. RESIDENCE OF FATHER (city, state).....Moscow Ida farm.....

4. FULL NAME OF CHILD.....Allan Delepine.....

5. Date of Birth of Child
(Month, day, year).....April 6-1895.....

6. Sex.....Male..... 7. Twin or Triplet.....
If so—born 1st, 2nd, 3rd.....

8. No. months of Pregnancy.....nine..... 9. Legitimate?.....Yes.....

FATHER OF CHILD

10. FULL NAME.....H. Delepine.....
11. Color.....White..... 12. Age at time of THIS birth.....26..... yrs.
13. Birthplace.....Vincennes.....France.....
(City or town) (State or foreign country)
14. Exact Occupation.....Farmer.....
15. Industry or Business.....

MOTHER OF CHILD

16. FULL MAIDEN NAME.....Ella Baud.....
17. Color.....White..... 18. Age at time of THIS birth.....18..... yrs.
19. Birthplace.....Walla Walla.....Wash.....
(City or town) (State or foreign country)
20. Exact Occupation.....Housewife.....
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....Unknown.....
23. Number of children of this mother: (a) At time of birth and including this child.....one..... (b) Born alive and now living.....yes.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature.....M.D. Midwife Address Date
State of.....Oregon.....County of.....Marathon.....ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears
in Item 4, above, that I am now.....64.....years of age, that I have known this person for.....47.....years, and that
.....Dr W.W. Watkins....., who attended this birth.....Deceased.....I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 159, 1937 Session Laws.

Subscribed and sworn to before me this.....23d.....day of.....March.....19.....42.....
(SEAL).....Notary Public.....Notary Public, residing at.....Taliesin Ore.....
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated. NOTARY PUBLIC FOR OREGON
My commission expires March 12, 1944)
Received for filing on.....APR 14 1942.....by.....Madal I. G. [Signature].....Registrar.

APR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-109 022-533

340563

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Fremont</u> (b) City <u>Rexburg</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Private Home</u> (e) Mother's stay BEFORE delivery: <u>IN THIS county 2 years months 15 days</u>		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>Rexburg</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>7</u> yrs.	
4. FULL NAME OF CHILD <u>Willis Shoup Thomas</u>		3. RESIDENCE OF FATHER (city, state) <u>Rexburg, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Feb. 9, 1895</u>	
6. Sex <u>Male</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Lorenzo R. Thomas</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>24</u> yrs. 13. Birthplace <u>Hanley, Staffordshire, England</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Member Idaho Legislature at time</u> 15. Industry or Business <u>Manager Mercantile Company</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Lillian Elliott</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>23</u> yrs. 19. Birthplace <u>Near Barnsley, Yorkshire, England</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>Yes</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife **Address** **Date**

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for since birth years, and that don't know Rivers, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lorenzo R. Thomas Signature
Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of April, 1942

(SEAL)

Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-912 Idaho Code, Annotated)

Received for filing on APR 15 1942 by Mary E. Fisher Registrar.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed~~ by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340583**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 3 years 1 months 8 days

4. FULL NAME OF CHILD

Syford Ward Russell

6. Sex male Twin or Triplet no If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Isaac Franklin Russell

11. Color White 12. Age at time of THIS birth 32 yrs.

13. Birthplace Lewiston, Idaho
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah

(c) City Moscow

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) Aug. 12, 1895

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Margaret Abbott

17. Color White 18. Age at time of THIS birth 23 yrs.

19. Birthplace Conroy, Oregon
(City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Latah } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 46 years, and that

R. C. Coffey who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia M. Russell Signature
Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of April, 1942.
(SEAL) Notary Public, residing at Moscow, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by Marj K. Coffey Registrar.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

613 201 035-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340592**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County..... (b) City..... <i>Lewiston</i> (c) Street Address or R.F.D. No. <i>Forest & C.</i> (d) Name of Hospital or Maternity Home: <i>Home</i> (e) Mother's stay BEFORE delivery: IN THIS county <i>2</i> years <i>6</i> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State..... <i>Idaho</i> (b) County..... (c) City..... <i>Lewiston</i> (d) Street Address or R.F.D. No. <i>Forest & C.</i> (e) How long has MOTHER lived in Idaho? <i>2 1/2</i> yrs.	
4. FULL NAME OF CHILD <i>May Serina Fattland</i>		5. Date of Birth of Child (Month, day, year) <i>9-1-1895</i>	
6. Sex <i>Female</i> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy 9. Legitimate? <i>yes</i>	
FATHER OF CHILD 10. FULL NAME <i>Andrew H. Fattland</i> 11. Color or Race <i>white</i> 12. Age at time of THIS birth <i>36-37</i> yrs. 13. Birthplace <i>Bergen</i> (City or town) <i>Stift</i> (State or foreign country) <i>Norway</i> 14. Exact Occupation <i>milk work at this time</i> 15. Industry or Business <i>also Fishing & Dairy</i>		MOTHER OF CHILD 16. FULL MAIDEN NAME <i>Martha Swinton</i> 17. Color or Race <i>white</i> 18. Age at time of THIS birth <i>41</i> yrs. 19. Birthplace <i>Bergen</i> (City or town) <i>Stift</i> (State or foreign country) <i>Norway</i> 20. Exact Occupation <i>none</i> 21. Industry or Business <i>none</i>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <i>3</i> (b) Born alive and now living <i>3</i>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of..... *Idaho* ss.
County of..... *Latah*

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... *Father* of the person whose name appears in Item 4, above, that I am now..... *8 1/2* years of age, that I have known this person for..... *2 1/2* years, and that..... *Mr. H. H. Swinton* who attended this birth..... *cannot be located* I further state that.....
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x *Andrew H. Fattland* Signature
Frank M. Coffey P. O. Address

Subscribed and sworn to before me this..... *8* day of..... *April* 19*42*

(SEAL) *A. E. Phillips* Notary Public, residing at *Bremerton*

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

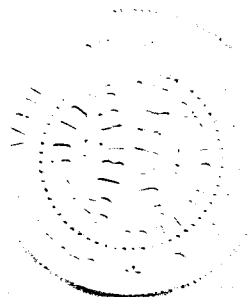
Received for filing on..... **APR 13 1942** by..... *Marj H. Fisher* Registrar.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

294 728 004 613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340634**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Bear Lake** (b) City **Liberty**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county years months days

4. FULL NAME OF CHILD

Isaac Richard Simmons

6. Sex

male

7. Twin or Triplet

Single

8. If so—born 1st, 2nd, 3rd

10. FULL NAME

George R. Simmons

11. Color or Race

White

12. Age at time of THIS birth

22 yrs.

13. Birthplace

Morgan

Utah

14. Exact Occupation
15. Industry or Business

Farmer

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Bear Lake**

(c) City **Liberty**

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? **30** yrs.

3. RESIDENCE OF FATHER (city, state)

same

5. Date of Birth of Child

(Month, day, year) **12-28-1895**

8. No. months of Pregnancy

full

9. Legitimate? **yes**

16. FULL MAIDEN NAME

Flora E. J. Walker

17. Color or Race

White

18. Age at time of THIS birth

22 yrs.

19. Birthplace

Firepoint

Utah

20. Exact Occupation
21. Industry or Business

House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **12** (b) Born alive and now living **7**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of **Utah** } ss.
County of **Blaine**

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Father** of the person whose name appears in Item 4, above, that I am now **68** years of age, that I have known this person for **46** years, and that

Thos. William Hymas who attended this birth **is now deceased** I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 133, 1937 Session Laws.

George R. Simmons Signature

2910 Lincoln Ave Ogden, Utah Address

Subscribed and sworn to before me this **11th** day of **April**, 19**42**
(SEAL) **Alfred W. Barker** Notary Public, residing at **Ogden, Utah**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by **M. J. Barker** Registrar.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



766-104 030 819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340670**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Lemhi</u> (b) City <u>Bovonsville</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>in own home</u> (e) Mother's stay BEFORE delivery: IN THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lemhi</u> (c) City <u>Bovonsville</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>6</u> yrs.	
4. FULL NAME OF CHILD <u>William E. Goodwin</u>		5. Date of Birth of Child <u>9-4-95</u> (Month, day, year)	
6. Sex <u>male</u>	7. Twin or Triplet <u>no</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Harry Goodwin</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>28</u> yrs. 13. Birthplace <u>Baldwin, Ohio</u> <u>2489</u> (City or town) (State or foreign country) 14. Exact Occupation <u>miner</u> 15. Industry or Business <u>Gold miner</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Annie Harkey</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>20</u> yrs. 19. Birthplace <u>Franklin Co., Kansas</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business <u>none</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

25. Attendant's **OWN signature** _____ M.D. _____ Midwife _____ Address _____ Date _____

State of California County of Los Angeles } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 47 years, and that Mr. Alvin Johnson who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 12 day of April 19 42
 (SEAL) _____ Notary Public, residing at Baldwin Park, Calif.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
 Received for filing on APR 15 1942 by Marj 26 Lifer Registrar.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340729**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Grum</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>65</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>MINI CREEK</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>65</u> yrs.	
4. FULL NAME OF CHILD <u>Robert Alexander Baird</u>		5. Date of Birth of Child (Month, day, year) <u>Sept 26 1895</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>single</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Delacy Baird</u>		16. FULL MAIDEN NAME <u>Charlotte Glvina Keller</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>32</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>30</u> yrs.
13. Birthplace <u>Thence miles creek Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>Manitou Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>House Wife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>9</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**
State of Idaho **ss.**
County of Franklin
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 46 years, and that Dr. Allen Cullen who attended this birth Dead I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 15 day of April, 1942
(SEAL) Notary Public, residing at Butte Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

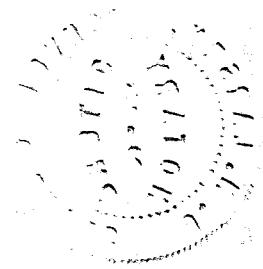
Received for filing on APR 16 1942 by Marjorie E. Jones Registrar.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

295-211-001911

340787 340787

United States **APR 18 1942** (Be sure the information is as of date of birth of THIS child)
Department of Commerce
Bureau of the Census

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>409 W. Jefferson St</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>409 W. Jefferson St</u> (e) How long has MOTHER lived in Idaho? <u>11 1/2</u> yrs.	
4. FULL NAME OF CHILD <u>Lucy Hope Kielsen</u> Twins or Triplet <u>1st</u> If so—born 1st, 2nd, 3rd		3. RESIDENCE OF FATHER (city, state) <u>Boise, Ida.</u> 5. Date of Birth of Child (Month, day, year) <u>Dec. 11-1895</u>	
6. Sex <u>Female</u> FATHER OF CHILD 10. FULL NAME <u>Louis P. Kielsen</u> 11. Color <u>white</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>Denmark</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Building Contractor</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Raaen</u> 17. Color <u>white</u> 18. Age at time of THIS birth <u>24</u> yrs. 19. Birthplace <u>Norway</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum: _____
23. Number of children of this mother: (a) At time of birth and including this child: _____ (b) Born alive and now living: _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Midwife _____ Address _____ Date _____

State of Idaho County of Ada } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 7 1/2 years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 17th day of April, 1942
(SEAL) Wm. B. Duntan Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Signature Louis P. Kielsen P. O. Address _____

Received for filing on APR 18 1942 by Mary Elder Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

766 215 APR 18 1942
014-765

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

340799 340799
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 3 years months days

4. FULL NAME OF CHILD

Ora Belle Poe

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

James A Poe

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace

(City or town)

(State or foreign country)

14. Exact Occupation Clerk

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Maggie Poe

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace

(City or town)

(State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 46 years, and that

Dr. Scott who attended this birth is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 18th day of April, 19 42.

(SEAL)

Betty V. Wright

Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....

APR 18 1942

by

Mary Elder

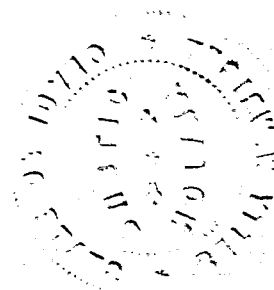
Registrar.

APR 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

236-130 028-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

340863
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years 11 months 24 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 6 1/2 yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Harry Thomas Stowe

5. Date of Birth of Child
(Month, day, year) May 30, 1895

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Aleson Stowe
11. Color white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Mapleton Minn.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Blanche Isabelle Parsons
17. Color white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Blairtown Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature.....M.D. Midwife Address.....Date.....
State of Washington
County of Skagit } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 47 years, and that Dr. Eldarkin who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
The facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Blanche I. Stowe Signature
Burlington, Washington P. O. Address

Subscribed and sworn to before me this 14th day of April, 1942.
(SEAL) Alma Doran Notary Public, residing at Burlington
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

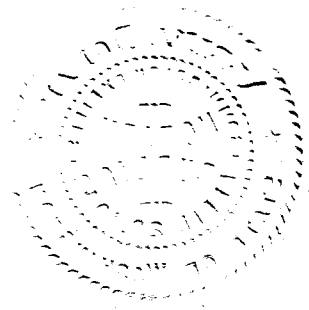
Received for filing on APR 17 1942 by Mary E. Fisher Registrar.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK ink, or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

445-110-026-759

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

340867
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Jefferson (b) City Rigby, Ida.
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: home

(e) Mother's stay **BEFORE** delivery:

IN THIS county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Jefferson
(c) City Rigby

(d) Street Address or R.F.D. No. 1

(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby Idaho

4. FULL NAME OF CHILD

Edward Hyrum Dunn

5. Date of Birth of Child

(Month, day, year) May 10, 1895

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Brigham Dunn

11. Color White 12. Age at time of THIS birth 23 yrs.

13. Birthplace Brigham City, Utah
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary S. Perry

17. Color White 18. Age at time of THIS birth 21 yrs.

19. Birthplace Brigham City, Utah
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho
County of Power } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4 above, that I am now 57 years of age, that I have known this person for 47 years, and that

Margaret Clark who attended this birth is dead I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 7th day of April, 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 1791, Idaho Code Annotated.)

G. W. Clark Signature

American Falls, Idaho P. O. Address

Notary Public, residing at American Falls

Idaho

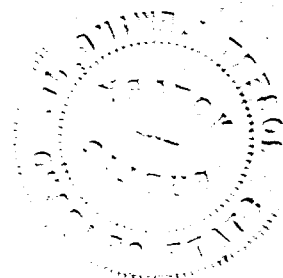
Received for filing on APR 17 1942 by Mary E. Clark Registrar.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

212 206 022 466
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

341318
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Teton
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Teton
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 32 yrs.

3. **RESIDENCE OF FATHER** (city, state) Teton, Idaho
5. Date of Birth of Child (Month, day, year) June 6, 1895

4. **FULL NAME OF CHILD** Mary Laverne Baker
7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd
6. Sex Female 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Jesse Morrit Baker
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Mendon Utah (City or town) (State or foreign country)
14. Exact Occupation General Crop Farming
15. Industry or Business Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Sarah Ann Dowdle
17. Color White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Franklin, Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Home maker

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Laura Baker Orme, who is related to this child as Sister
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** M.D. Address Date
Midwife

State of Idaho ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Fremont

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 47 years, and that Ball Riggs, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Baker Orme Signature
Squirrel Idaho P. O. Address
Subscribed and sworn to before me this 10 day of April 1942
(SEAL) Frank Littlefield Notary Public, residing at Astoria, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Maude J. Baker Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

434111 007-795

341339

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Deer Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Deer Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alexander McDonald

5. Date of Birth of Child
(Month, day, year) Nov. 11, 1895

6. Sex male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Robert McDonald
11. Color white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Nova Scotia Canada
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Pierce
17. Color white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Cherry Creek Nevada
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Blaine

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Close friend of the person whose name appears in Item 4, above, that I am now 8.6 years of age, that I have known this person for 46 years, and that unknown who attended this birth assumed deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John E. Schaub Signature
Hailey, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of April, 1942.
(SEAL) R. H. McLaughlin Notary Public, residing at Hailey, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

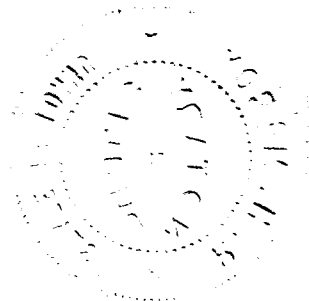
Received for filing on APR 21 1942 by Mabel Pierce Registrar.

APR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

493-130 001867

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **341365**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>1135 Jefferson Ave.</u> (d) Name of Hospital or Maternity Home: <u>At home at above address</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>0</u> years <u>10</u> months <u>15</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>1135 Jefferson Ave.</u> (e) How long has MOTHER lived in Idaho? <u>4</u> yrs.	
4. FULL NAME OF CHILD <u>Bruce Hopf Mills</u>		3. RESIDENCE OF FATHER (city, state) <u>Boise-Ida.</u> 5. Date of Birth of Child (Month, day, year) <u>Sept. 30-1895</u>	
6. Sex <u>male</u> 7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd <u>✓</u>		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Frederick John Mills</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>Topsham, Vermont</u> (city or town) (State or foreign country) 14. Exact Occupation <u>Civil Engineer</u> 15. Industry or Business <u>State Eng. of Idaho</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Laura Elise Hopf</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>Hoboken, New Jersey</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Business</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Have no information</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature **M.D.** **Address** **Date**

State of California ss.
County of Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 77 years, and that Dr. Hollister, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 18th day of April, 1942 Cal.
(SEAL) Pross Jackson Notary Public, residing at Pasadena
(Note: Perjury is punishable as a felony in Idaho, Chapter 91, Idaho Code Annotated.)

Received for filing on APR 21 1942 by Marj E. Johnson Registrar.

APR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **342427**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

5. Date of Birth of Child
(Month, day, year) June 20, 1895

4. FULL NAME OF CHILD

George Edward Hutsell

6. Sex Male

7. Twin or

Triplet No

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Lemuel Hutsell
11. Color White 12. Age at time
or Race White of THIS birth 37 yrs.
13. Birthplace Franklin County, Missouri
(City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sallie Bet Hardwick
17. Color White 18. Age at time
or Race White of THIS birth 33 yrs.
19. Birthplace Monroe County, Mo.
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 80 years of age, that I have known this person for 46 years, and that
Mrs. Tyler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Sallie Bet Hutsell Signature

Idaho P. O. Address

Subscribed and sworn to before me this 21st day of April, 1942.

(SEAL)

Anna Patton

Notary Public, residing at Wallace, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by Malcolm J. ... Registrar.

APR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelopes bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

389-111-019-813

342488

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 5 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 5 yrs.
3. **RESIDENCE OF FATHER** (city, state) May, Idaho
5. Date of Birth of Child 9/11/1895
(Month, day, year)

4. **FULL NAME OF CHILD** John Franklin Christian
6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** John Franklin Christian
11. Color Anglo-Saxon 12. Age at time of THIS birth 36 yrs.
13. Birthplace Exeter, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Elezebeth Halloran
17. Color Anglo-Saxon 18. Age at time of THIS birth 24 yrs.
19. Birthplace New Orleans, La.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature.....M.D. Midwife Address.....Date.....
State of Idaho County of Custer } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 47 years, and that Mrs. Fortuna Midwife, who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Henry Nichols Signature
Challis Idaho P. O. Address
Subscribed and sworn to before me this 20th day of April 1942
(SEAL) Henry Nichols Notary Public Residing at Challis Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by May Registrar.

APR 24 1957

SEP 24 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City STAR
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: HOMIE
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City STAR
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has MOTHER lived in Idaho? 4 yrs.

4. **FULL NAME OF CHILD** ETHNA ANDERSON
7. Twin or Triplet NO If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9
9. Legitimate? YES

5. Date of Birth of Child
(Month, day, year) October 9, 1895

FATHER OF CHILD
10. **FULL NAME** CHARLES H. ANDERSON
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace TEXAS
(City or town) (State or foreign country)
14. Exact Occupation STAR IDAHO
15. Industry or Business FARMER

MOTHER OF CHILD
16. **FULL NAME** MINNIE HAMILTON ANDERSON
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace WHEELING WEST VA.
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Star M. on the date October 9, 1895
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Star, who is related to this child as mother (First name) (Last name)

25. Attendant's OWN signature Alv Hall M.D. Midwife Address Murdan Date —
State of Idaho ss. Alv Hall
County of Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for 41 years, and that Alv Hall, who attended this birth, (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alv Hall Signature
P. O. Address

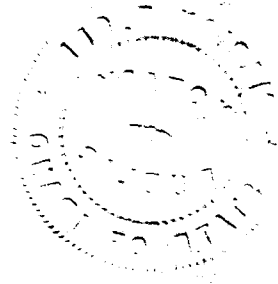
Subscribed and sworn to before me this 25th day of April, 1942
(SEAL) Mason I. Orr Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mary Fielder Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

342678

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Burke
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 years 5 months 21 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Burke
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 6 1/2 yrs.
3. **RESIDENCE OF FATHER** (city, state) Burke-Idaho

4. **FULL NAME OF CHILD** Harry W. Pierce
5. Date of Birth of Child
(Month, day, year) Oct. 9-1895
6. Sex male
7. Twin or Triplet
8. No. months of Pregnancy 9
9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** William Pierce
11. Color white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Province Of Quebec-Canada
(City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Annie Murphy
17. Color white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Calumet Michigan
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of Washington }
County of Harry } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for since birth years, and that Abbie Murphy, who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annal Murphy Price Signature
Republic, Wash P. O. Address

- Subscribed and sworn to before me this 20 day of April, 1942.
(SEAL) Hazel B. Farris Notary Public, residing at Republic Wash
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

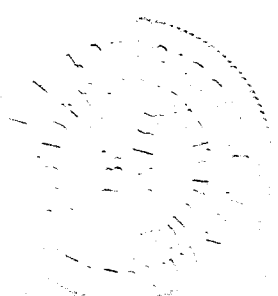
Received for filing on APR 23 1942 by Marj E. Fisher Registrar.

APR 27 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

238-123-029-652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

342770
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD

Henry Alfred Schorbach

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

10. FULL NAME

Joseph Schorbach

11. Color or Race

White

12. Age at time of THIS birth 25 yrs.

13. Birthplace

Genesee, Wis.

(City or town) (State or foreign country)

14. Exact Occupation

Farming

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah

(c) City Genesee

(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

Genesee Idaho

5. Date of Birth of Child

(Month, day, year) Sept. 13, 1895

8. No. months of Pregnancy

9

9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME

Caroline Fessler

17. Color or Race

White

18. Age at time of THIS birth 33 yrs.

19. Birthplace

Minnesota

(City or town) (State or foreign country)

20. Exact Occupation

House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child, 8 (b) Born alive and now living, 14

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's OWN signature

Washington

M.D.

Midwife

Address

Date

State of.....

County of.....

Idaho

ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Father.....of the person whose name appears in Item 4, above, that I am now.....32.....years of age, that I have known this person for.....47.....years, and that

.....Henry Alfred Schorbach.....who attended this birth.....now deceased.....I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Joseph Schorbach.....Signature

P. O. Address

Subscribed and sworn to before me this.....day.....

(SEAL)

March

1942

Notary Public, residing at.....

Clarkston, Minn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

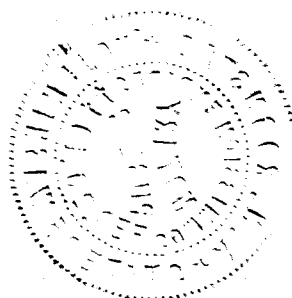
Received for filing on.....APR 21 1942.....by.....Marj St. John.....Registrar.

APR 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-127003-168

342841

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. N. Fairfield Ave
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county 6 years 5 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. N. Fairfield Ave
(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD

Harry Daniel Keeney

5. Date of Birth of Child
(Month, day, year) June 27, 1895

6. Sex Boy

7. Twin or Triplet
If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Daniel Benjamin Keeney
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Pocatello, Pa.
(City or town) (State or foreign country)
14. Exact Occupation Salaman
15. Industry or Business Keeney Mercantile Co

MOTHER OF CHILD

16. FULL MAIDEN NAME James U Johnson
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Wargow, Kentucky
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D. Address Date
Midwife

State of Arizona ss.
County of Pima

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 30 years of age, that I have known this person for 47 years, and that Agnes Keeney, who attended this birth Pocatello I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
(First name) (Last name)
(Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 34th day of April, 1942
(SEAL) Agnes C. Martin Notary Public, residing at Lucas, Arizona
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires May 17, 1945

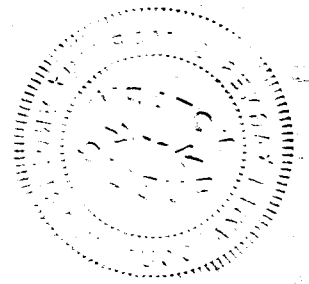
Received for filing on APR 27 1942 by Harry D. Keeney, Registrar.

192 2 8 612

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2-55-117-016-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

342927
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Elba
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Elba
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Paul Edwin Beecher

5. Date of Birth of Child
(Month, day, year) June 17 1895

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate Yes

FATHER OF CHILD

10. **FULL NAME** Reuben Adams Beecher
11. Color White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Clarinda Peltingill
17. Color White 18. Age at time of THIS birth 39 yrs.
19. Birthplace Willard Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date
State of Utah County of Box Elder } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 34 years of age, that I have known this person for all his life years, and that Ann Perry, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Clarinda Beecher
Signature
P. O. Address

Subscribed and sworn to before me this 24 day of April, 19 42.
(SEAL) Leona Rower Notary Public, residing at Brigham, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Marj Ketchum, Registrar.

APR 20 1942

JUN 3 - 1938

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

454-230-022-893

342967

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Fremont</u> (b) City <u>Beaver</u> (c) Street Address or R.F.D. No. <u>Beaver, Idaho</u> (d) Name of Hospital or Maternity Home: <u>Born at Mother's Residence</u> (e) Mother's stay BEFORE delivery: <u>IN THIS county 41 years</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>Idaho- Beaver</u> (d) Street Address or R.F.D. No. <u>Beaver, Idaho</u> (e) How long has MOTHER lived in Idaho? <u>Do not know</u> yrs.	
4. FULL NAME OF CHILD <u>Vivian Ethel Underwood</u>		3. RESIDENCE OF FATHER (city, state) <u>Beaver, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Oct. 30, 1895</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>Triplet</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD (Deceased) 10. FULL NAME <u>Franklin Theodore Underwood</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>Do not know</u> yrs. 13. Birthplace <u>England</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Martha Ann Hill (Deceased)</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>41</u> yrs. 19. Birthplace <u>Salt Lake City</u> <u>Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
 23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
 (First name) (Last name)
 (Mother, etc.)

25. Attendant's
OWN signature Utah **M.D.** Utah **Address** Salt Lake **Date**
 State of.....
 County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Uncle.....of the person whose name appears in Item 4, above, that I am now.....68.....years of age, that I have known this person for.....46.....years, and that Mrs. Wilson (Midwife) who attended this birth.....Is Now Deceased.....I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Underwood.....Signature
317 Adams.....P. O. Address

Subscribed and sworn to before me this.....21.....day of.....April.....1942
 (SEAL) Com Exp Dec 25-1943.....Notary Public, residing at.....Salt Lake City - Utah
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....APR 25 1942.....by.....Marj H. Bladen.....Registrar.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

466-128006-553

342972

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
IN THIS county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?.....yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** EDGAR LEE DOWNING
5. Date of Birth of Child 9-28-1895
(Month, day, year)

6. Sex MALE 7. Twin or Triplet 8. No. months of Pregnancy 9. Legitimate?

- FATHER OF CHILD**
10. **FULL NAME** JOHN NEWTON DOWNING
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Texas County Missouri
(City or town) (State or foreign country)
14. Exact Occupation Hotel
15. Industry or Business Hotel
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** HANNAH NELSON
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Hyde Park Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho County of Bear Lake } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 47 years, and that Dr. Daily, who attended this birth Deceased I further state that (Is now deceased) or (Cannot be located)
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 24 day of April 1942
(SEAL) Albert W. Jones Notary Public, residing at Montpelier, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission Expires April 14, 1944

Received for filing on.....by May 11 1942 Registrar.

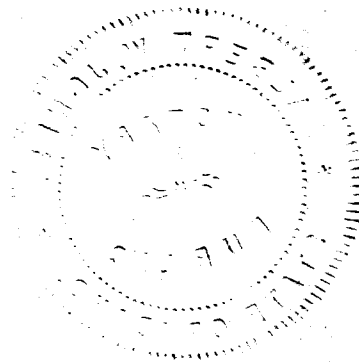
APR 27 1942

MAY 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

864-118-22-653

342980

342980

United States
Department of Commerce
Bureau of the Census

APR 29 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342980
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Premont</u> (b) City <u>St Anthony</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Premont</u> (c) City <u>St Anthony</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>4</u> yrs.	
4. FULL NAME OF CHILD <u>Orsa Young</u>		3. RESIDENCE OF FATHER (city, state) <u>St Anthony</u>	
6. Sex <u>Male</u>		5. Date of Birth of Child (Month, day, year) <u>Dec 18, 1895</u>	
7. Twin or Triplet		8. No. months of Pregnancy	
9. Legitimate? <u>Yes</u>			
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Jason William Young</u>		16. FULL MAIDEN NAME <u>Annie Wells Young</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>28</u> yrs.		18. Age at time of THIS birth <u>32</u> yrs.	
13. Birthplace <u>Premont, Idaho</u> (City or town) (State or foreign country)		19. Birthplace <u>Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 9 PM M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Jason William Young who is related to this child as father (Mother, etc.)

25. Attendant's OWN signature Jason William Young M.D. Midwife Address _____ Date _____

State of Idaho County of Adair } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 74 years of age, that I have known this person for 47 years, and that no one except myself who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 28 day of April, 1942.

(SEAL) Wm. M. Gray Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by Mabel E. Edg Registrar.

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

662-101- MAY 1 1942
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

343023 343023
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>Near Belfry School</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>Near Belfry School</u> (e) How long has MOTHER lived in Idaho? <u>12</u> yrs.	
4. FULL NAME OF CHILD <u>Lao Clinton Foster</u>		3. RESIDENCE OF FATHER (city, state) <u>Boise Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>June 1, 1895</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u> </u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Jacob W. Foster</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>27</u> yrs. 13. Birthplace <u>Grinnell</u> <u>Iowa</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farming</u> 15. Industry or Business <u> </u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Blanche E Padgett</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>20</u> yrs. 19. Birthplace <u>Baltimore</u> <u>Maryland</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u> </u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....2..... (b) Born alive and now living.....2.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Idaho **M.D.** Ada **Midwife** **Address** **Date**
State of.....Idaho.....ss.
County of.....Ada.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Aunt.....of the person whose name appears in Item 4, above, that I am now.....70.....years of age, that I have known this person for.....47.....years, and that.....Does not remember....., who attended this birth.....is deceased..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this.....28.....day of.....April.....19.....1942.....
(SEAL) Martha Martin Foster Signature
911 Borah St. Boise, Ida. P. O. Address

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

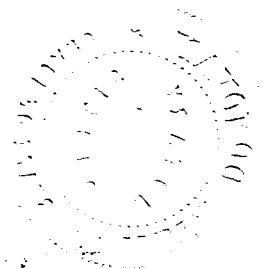
Received for filing on.....MAY 1 1942.....by.....Mary Elder....., Registrar.

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

419-106-029-193

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **343078**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Near Palouse</u> (c) Street Address or R.F.D. No. <u>2</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>15</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>near Palouse, Wn.</u> (d) Street Address or R.F.D. No. <u>2</u> (e) How long has MOTHER lived in Idaho? <u>15</u> yrs.	
4. FULL NAME OF CHILD <u>Cecil Lee Dailey</u>		3. RESIDENCE OF FATHER (city, state) <u>Latah Co. Ida</u>	
6. Sex <u>M</u>	7. Twin or Triplet <u>no</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Frank L. Dailey</u>		16. FULL MAIDEN NAME <u>Ida May Archer</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>25</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>23</u> yrs.
13. Birthplace <u>Green County, Penn.</u> (City or town) (State or foreign country)		19. Birthplace <u>Green County, Penn.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Farming</u>		21. Industry or Business <u>same</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Washington **M.D.** Whitman **Midwife** Address Date
State of County of } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 46 years, and that Dr. Williams is now deceased who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank L. Dailey Signature
Palouse, Wash. P. O. Address
Subscribed and sworn to before me this 15th day of April, 19 42.
(SEAL) Notary Public, residing at Palouse, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

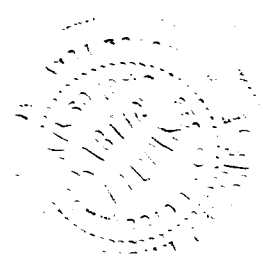
Received for filing on APR 28 1942 by Marj E. Fisher Registrar.

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



799-230-006-815

343080

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Tona
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years 9 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Town of Tona
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Tona, Idaho

4. FULL NAME OF CHILD Bertha May Price Kelly

5. Date of Birth of Child
(Month, day, year) Sept. 30, 1895

6. Sex girl 7. Twin or Triplet None If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Henry Price
11. Color White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Salt Lake City, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Elizabeth Hancey
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Hyde Park, Utah
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bonneville

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for.....years, and that Sarah A. Beach, who attended this birth....., (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 25 day of April, 1945
(SEAL) Hannah Hancey Price Signature
Idaho Falls, Idaho, Rfd. #1 P. O. Address
Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....by....., Registrar.

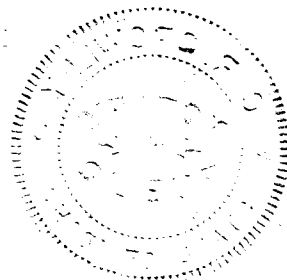
APR 28 1942

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



319 113 040-154

34316¹

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

- | | |
|---|---|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>Shoshone</u> (b) City <u>Kellogg</u>
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
<u>Born at home</u>
(e) Mother's stay BEFORE delivery:
IN THIS county years months days | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Shoshone</u>
(c) City <u>Kellogg</u>
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?.....yrs. |
|---|---|

- 3. RESIDENCE OF FATHER** (city, state) Kellogg, Idaho
- 4. FULL NAME OF CHILD** James Arthur Caro
- 5. Date of Birth of Child** (Month, day, year) May 13, 1895
- 6. Sex** Male **7. Twin or Triplet** No **If so—born** 1st, 2nd, 3rd
- 8. No. months of Pregnancy** 9 mos. **9. Legitimate?** X

- | | |
|---|--|
| FATHER OF CHILD
10. FULL NAME <u>Abbondio C. Caro</u>
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>38</u> yrs.
13. Birthplace <u>Italy</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Bricklayer & stone mason</u>
15. Industry or Business | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Henrietta Anderbegani (Rossi)</u>
17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>28</u> yrs.
19. Birthplace <u>Italy</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business |
|---|--|

- 22. Name prophylactic used to prevent Ophthalmia Neonatorum**.....
- 23. Number of children of this mother:** (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

- 24. I HEREBY CERTIFY** That I attended the birth of this child, who was born alive at.....M. on the date.....
 (Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by Henrietta Caro, who is related to this child as his mother.
 (Mother, etc.) (First name) (Last name)

- 25. Attendant's OWN signature** **M.D.** **Midwife** **Address** **Date**

State of Washington } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of Spokane }

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 46 years, and that Dr. ? who attended this birth is now deceased. I further state that (Is now deceased) or (Cannot be located).

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 25th day of April, 1942.

(SEAL) Lawrence J. ... Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

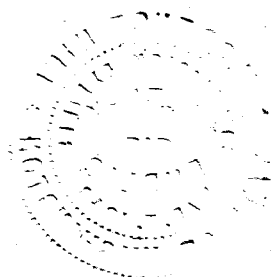
Received for filing on APR 29 1942 by Mabel ... Registrar.

APR 30 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

356-219 035 855

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

343314

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Nez Perce (b) City Forest
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. _____ days.
IN **THIS** county 5 years _____ month _____ days

4. FULL NAME OF CHILD

Evelyn Emily Jefft.

6. Sex Female 7. Twin or Triplet _____ 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Bertram Walter Jefft.

11. Color white 12. Age at time of THIS birth 28 yrs.

13. Birthplace Elgin, Ill.
(City or town) (State or foreign country)

14. Exact Occupation Farmer.

15. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) APR 29 1942 (b) Mary H. Blum
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Nez Perce
(c) City Forest
(d) Street Address or R.F.D.No. _____

(e) How long has **MOTHER** lived in Idaho? 5 yrs.

(f) Mother's mailing address Forest, Idaho

3. RESIDENCE of FATHER (city, state) Forest, Idaho

5. Date of Birth Aug. 19, 1895
(Month, day year)

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Hendrickson

17. Color white 18. Age at time of THIS birth 28 yrs.

19. Birthplace Vancouver, Wash.
(City or town) (State or foreign country)

20. Exact Occupation House wife.

21. Industry or Business _____

State of _____
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Evelyn Emily Jefft, being first duly sworn, say that I am Related to
(Name of person on certificate above) as Cunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Margaret Slavens, who attended said birth is now deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Mellie G. Blum Signature
Rt 1, Box 166, Manteca, Calif. P. O. Address

Subscribed and sworn to before me on this 14th day of April, 1942

(SEAL)

Notary Public, Seal of Notary

in and for the County of San Joaquin, State of California.

MAR 2 1965

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

966-230007-766

343345

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay BEFORE delivery:
IN THIS county 8 years 7 months days
2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No..... 7 months
(e) How long has MOTHER lived in Idaho? 8 yrs.
3. RESIDENCE OF FATHER (city, state) Hailey, Idaho.

4. FULL NAME OF CHILD Mauda Cecelia Rowley
5. Date of Birth of Child (Month, day, year) Dec. 30, 1895.
6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD
10. FULL NAME James John Rowley
11. Color White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Fort Covington, New York.
(City or town) (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business Mining
- MOTHER OF CHILD
16. FULL MAIDEN NAME Emma Ann Pool
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Quincy, Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. Address Date
Idaho
State of.....Blaine City of.....} ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears in Item 4, above, that I am now.....73.....years of age, that I have known this person for.....years, and that Mrs. Katherine Skelton....., who attended this birth.....is now deceased..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emma Rowley Signature
Hailey, Idaho. P. O. Address

Subscribed and sworn to before me this 23rd day of April, 1942.
(SEAL) B. P. Thamm Notary Public, residing at Hailey, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1942 by Maud Z. Lefler, Registrar.

MAR 27 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313-116-029-769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

343358
State File No. 343358
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Reynolds
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD

Clairde Chaney Lacey

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd/3rd 1

FATHER OF CHILD

10. FULL NAME Pearl Chaney Lacey
11. Color white 12. Age at time of THIS birth 24 yrs.
13. Birthplace Latah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Payette
(c) City Peck
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Peck Idaho

5. Date of Birth of Child (Month, day, year) 9/16/195

8. No. months of Pregnancy 9 9. Legitimate? ☒

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Elizabeth Porter
17. Color white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Marshall (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Martha E. Lacey, who is related to this child as mother (First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Martha E. Lacey of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 46 years, and that Dr. Scullon, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha E. Lacey Signature
Peck Idaho P. O. Address

Subscribed and sworn to before me this 24 day of March 1942

(SEAL)

Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable on national level in Idaho Code Ann. 7-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by Mary E. Eder Registrar.

MAY 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

432-110-029 964

343401

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City MOSCOW
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Washington (b) County Spokane
(c) City Spokane
(d) Street Address or R.F.D. No. temporarily residing in Moscow
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) MOSCOW

4. **FULL NAME OF CHILD** Sherel Caswell McKinzie

5. Date of Birth of Child
(Month, day, year) 2-10-95

6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William McKinzie

11. Color White 12. Age at time of THIS birth 47 yrs.
13. Birthplace Idaho
(City or town) (State or foreign country)
14. Exact Occupation Horse man
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Roundtree

17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Indiana
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date 2-10-95 and at the place stated above, and that personal particulars were furnished by Sherel Caswell McKinzie, who is related to this child as (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature Sherel Caswell McKinzie M.D. Midwife Address 515 South Beech Street Date Jan. 6, 1942

State of Wyoming County of Natrona ss. Notary Public

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the attendant of the person whose name appears in Item 4, above, that I am now 47 years of age, born alive that there are no other persons living to sign the affidavit who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Casper, Wyoming

515 South Beech Street

Subscribed and sworn to before me this 8th day of April, 1942.

Commission Expires Jan. 6, 1943. Notary Public, residing at Casper, Wyoming.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2, 1942 by Mary E. Fisher, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAY 4 1942

OFFICE OF
COUNTY AND PROSECUTING ATTORNEY
NATRONA COUNTY
CASPER, WYOMING
April 28, 1942

VINCENT MULVANEY
County and Prosecuting Attorney

L. N. HAGOOD
Assistant County Attorney

State Department of Health
Bureau of Vital Statistics
Boise, Idaho

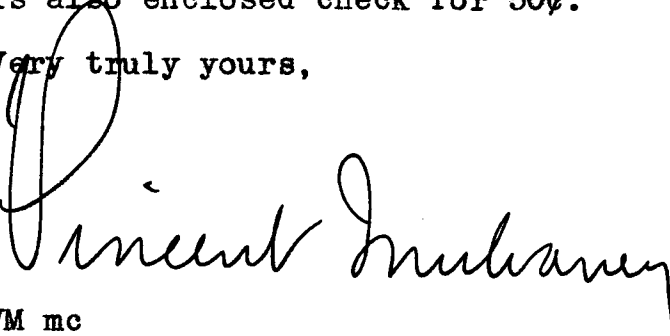
Gentlemen:

Referring to my letter of April 18th, enclosed,
and the return of birth certificate forms.

I am enclosing the form filled out and signed by
Sherel Caswell McKinzie, the party for whom the
certificate is desired. He was not able to complete
all the information contained on the form for the
reason that both his father and mother are dead. He
had not seen his father since birth and there is
no one living who can furnish the balance of the
information. In order to assist in securing his
certificate I am enclosing photostat copy of Mr.
McKinzie's army discharge as well as application
to the Equitable Life Insurance Society.

I trust that with this additional information
you will be able to furnish the certificate. There
is also enclosed check for 50¢.

Very truly yours,



VM mc
Enc.

APR 30 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

466-129 022-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

343412
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City Parker
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? abt. 15 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child

(Month, day, year) 29 July 1895

4. FULL NAME OF CHILD

Elijah Edward Mooso

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

7

8. No. months of Pregnancy

Reg. 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Walter Morgan Mooso

11. Color Wh. 12. Age at time of THIS birth.....yrs.

13. Birthplace.....
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary E. Smith

17. Color Wh. 18. Age at time of THIS birth.....yrs.

19. Birthplace.....
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature

M.D. Mrs. Eliza Parker midwife
Midwife Address now dead. Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am as his sister of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....47.....years, and that

Mrs. Eliza Parker, who attended this birth.....is now dead..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mona F. Fort.....Signature
Burley, Idaho.....P. O. Address

Subscribed and sworn to before me this.....17 day of.....April.....19..42

(SEAL)

Nancy H. Walker.....Notary Public, residing at.....Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....APR 30 1942.....by.....Mona F. Fort....., Registrar.

MAY 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

452-205029 438

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

343421

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Idaho
(c) Street Address or R.F.D. No. in country-Viola
(d) Name of Hospital or Maternity Home: mail station
Born at home, in the country
(e) Mother's stay **BEFORE** delivery:
IN THIS county 15 years -- months -- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City in country-mailing station, Viola
(d) Street Address or R.F.D. No. ---
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Grace Naomi De Bolt (now Grace Naomi Mickey)
5. Date of Birth of Child (Month, day, year) Nov. 5th, 1895
6. Sex Female 7. Twin or No If so—born --- 8. No. months of Pregnancy 9 mos 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Allison De Bolt
11. Color American 12. Age at time of THIS birth 43 yrs.
13. Birthplace State of Indiana U.S.A.
(City or town) (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business Same business (his own)

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Frances McQueen
17. Color American 18. Age at time of THIS birth 40 yrs.
19. Birthplace Dover Missouri U.S.A.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 8
living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Dr. Whitaker, who is related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** Washington **M.D.** Spokane **Midwife** **Address** **Date**
State of Washington **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Spokane } ss.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now eighty-six years of age, that I have known this person for all her life-46 years, and that Dr. Whitaker, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Frances De Bolt Signature
4829 North Madison St., Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 24th day of April, 1941.
(SEAL) J. A. McMaster Notary Public, residing at Spokane, Washington.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

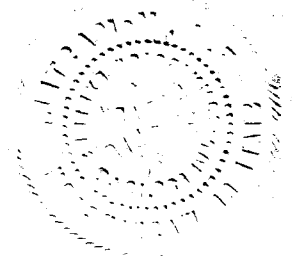
Received for filing on May 1 1942 by Mabel E. Keeler, Registrar.

MAY 4 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

864-224022-515

343426

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Fremont</u> (b) City <u>Plano</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>3</u> years <u>2</u> months <u> </u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>Plano</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>3</u> yrs.	
4. FULL NAME OF CHILD <u>Juanita Homer</u>		5. Date of Birth of Child (Month, day, year) <u>Dec. 24, 1895</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Parley Pratt Homer</u>		16. FULL MAIDEN NAME <u>Henrietta Van Orden</u>	
11. Color <u>White</u> 12. Age at time of THIS birth <u>23</u> yrs.		17. Color <u>White</u> 18. Age at time of THIS birth <u>22</u> yrs.	
13. Birthplace <u>Clarkston Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>Lewiston Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Farming</u>		21. Industry or Business <u>None</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u> </u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Henrietta Homer, who is related to this child as Mother (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN signature** Henrietta Homer **M.D.** **Midwife** **Address** **Date**
State of California **ss.**
County of Orange

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 43 years, and that James Doctor who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henrietta Homer Signature
1067 W. Third St., Santa Ana, Calif. Address

Subscribed and sworn to before me this 22nd day of April, 1942
(SEAL) Notary Public, residing at Santa Ana, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission expires December 14, 1944

Received for filing on by Registrar.

MAY 1 1942

Maud Hester

MAY 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

343466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county years 2 months days 10

4. FULL NAME OF CHILD Louie Arthur Harding

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 2

FATHER OF CHILD

10. FULL NAME Peary Arthur Harding
11. Color White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Black River Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Logging + Plastering
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Soda Springs Idaho
5. Date of Birth of Child (Month, day, year) Oct 23 - 1895

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Caroline Louise Wilhelm Schult
17. Color German 18. Age at time of THIS birth 24 yrs.
19. Birthplace Remscheid Germany
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of San Luis Obispo

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....
(Mother, etc.)
in Item 4, above, that I am now.....63 years of age, that I have known this person for.....46 years, and that....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 30th day of April, 1942.
(SEAL) W. E. Swall Notary Public, residing at Arroyo Grande Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1942 by Marjorie E. Baker Registrar.

MAY 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

353-118-016-718

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **343751**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Malta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 3 years months 8 days

4. FULL NAME OF CHILD

Oliver William Telfer

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

10. FULL NAME

William Telfer

11. Color

White

12. Age at time

of THIS birth 31 yrs.

13. Birthplace

Campden, Scotland
(City or town) (State or foreign country)

14. Exact

Occupation

Farmer

15. Industry or

Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia

(c) City Malta

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) June 18, 1945

8. No. months
of Pregnancy 9

9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME

Laura Payne

17. Color

White

18. Age at time

of THIS birth 23 yrs.

19. Birthplace

Payson, California
(City or town) (State or foreign country)

20. Exact

Occupation

Housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as witness to mark (First name) (Last name)

25. Attendant's Mary A. Lounsbury (Mother, etc.)

M.D. Edwin Mackham

Albion, Ida.
Albion, Ida.

OWN signature her mark

Midwife

Address Albion, Ida.

Date Apr. 20, 1945

State of ss.
County of

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now years of age, that I have known this person for years, and that

....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of, 19.....

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

APR 30 1945

by

Mary Telfer

Registrar.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253 202 006 231

343757

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Blackfoot</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Blackfoot</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>Apr., 1.</u> yrs.	
---	--	--	--

4. FULL NAME OF CHILD. <u>Fern Etta 'Sell' Fry</u>		5. Date of Birth of Child (Month, day, year) <u>June, 2, 1895</u>	
6. Sex <u>Female</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet <u>If so—born 1st, 2nd, 3rd</u>		9. Legitimate? <u>Yes</u>	

FATHER OF CHILD 10. FULL NAME <u>William Rudolph Sell</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>36</u> yrs. 13. Birthplace <u>Mt. Carroll, Illinois</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>None</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Naura Bell 'Slaughter' Sell</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>29</u> yrs. 19. Birthplace <u>Cowkirk, Iowa</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>None</u>	
--	--	---	--

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by, who is related to this child as
 (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D. Midwife** **Address** **Date**

State of California ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of Los Angeles

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 46 years, and that Dr. Cooper, who attended this birth Now Deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Essie Maclellan Gibson Signature
5259 Hub, Los Angeles Calif. P. O. Address

Subscribed and sworn to before me this 2nd day of May, 1942
 (SEAL) Charlotte Coulter Notary Public, residing at Sos Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

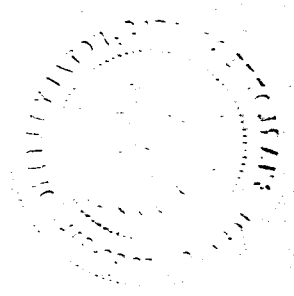
Received for filing on MAY 6 1942 by Mabel J. ... Registrar.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth) (a) County... <u>Bingham</u> (b) City... <u>Blackfoot</u> (c) Street Address or R.F.D. No. <u>One</u> (d) Name of Hospital or Maternity Home: <u>at home at Route 1 Blackfoot</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>16</u> years <u>2</u> months <u>2</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State... <u>Idaho</u> (b) County... <u>Bingham</u> (c) City... <u>Blackfoot</u> (d) Street Address or R.F.D. No. <u>One</u> (e) How long has MOTHER lived in Idaho? <u>35</u> yrs.	
4. FULL NAME OF CHILD <u>Ellen Willard Bingham</u>		5. Date of Birth of Child (Month, day, year) <u>Feb 2-1907</u>	
6. Sex <u>Boy</u> 7. Twin or Triplet <u>No</u> 8. No. months of Pregnancy <u>nine</u> 9. Legitimate? <u>Yes</u>		3. RESIDENCE OF FATHER (city, state) <u>Blackfoot Ida.</u>	
10. FULL NAME <u>Elyah Bingham</u>		MOTHER OF CHILD	
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>45</u> yrs.		16. FULL MAIDEN NAME <u>Jennie Wilson Bingham</u>	
13. Birthplace <u>Blackfoot Idaho</u>		17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>52</u> yrs.	
14. Exact Occupation <u>Farming</u>		19. Birthplace <u>Blackfoot Idaho</u>	
15. Industry or Business		20. Exact Occupation <u>House wife</u>	
		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child... Two (b) Born alive and now living... None

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Blackfoot M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Elyah Bingham, who is related to this child as a sister (First name) (Last name)
(Mother, etc.)

25. Attendant's Dr J. B Davis M.D. Address Los Angeles Date
OWN signature Midwife
State of Idaho ss.
County of Bingham

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for lifetime years, and that Dr. J. B. Davis, M.D. who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Elyah Bingham Buehler
West Sexton Street, Blackfoot, Ida. P. O. Address
Signature

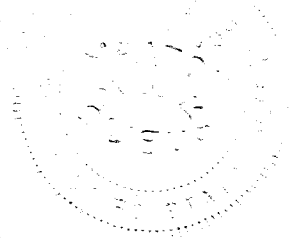
Subscribed and sworn to before me this 1st day of May, 1942.
(SEAL) Charles E. Bennett Notary Public, residing at Blackfoot, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



219-177-019 145

343943

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Custer</u> (b) City <u>Mackay</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months <u>14</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Montana/Idaho</u> (b) County <u>Custer</u> (c) City <u>Mackay</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>2</u> wks. yrs.	
3. RESIDENCE OF FATHER (city, state) Same		5. Date of Birth of Child (Month, day, year) <u>May 17, 1895</u>	

4. FULL NAME OF CHILD <u>George Baird</u>		7. Twin or Triplet		8. No. months of Pregnancy <u>9</u>		9. Legitimate? yes	
6. Sex boy		10. FULL NAME <u>Essington Liman Baird</u>		11. Color <u>White</u>		12. Age at time of THIS birth.....yrs.	

FATHER OF CHILD 13. Birthplace <u>Altona, Pa.</u> (City or town) (State or foreign country)		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Stella H. Juneau</u>	
14. Exact Occupation <u>Miner</u>		17. Color <u>White</u>	
15. Industry or Business <u>No</u>		18. Age at time of THIS birth <u>33</u> yrs.	
19. Birthplace <u>Topoka, Kansas</u> (City or town) (State or foreign country)		20. Exact Occupation <u>Housewife</u>	
21. Industry or Business <u>None</u>		22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>No attendance and does not remember</u>	

23. Number of children of this mother: (a) At time of birth and including this child.....7... (b) Born alive and now living.....6.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is
 related to this child as..... (First name) (Last name)
 (Mother, etc.)

25. Attendant's
OWN signature M.D. Address Date
 Midwife

State of.....County of.....} ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears in Item 4, above, that I am now.....60.....years of age, that I have known this person for.....37.....years, and that....., who attended this birth.....Cannot remember..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Stella H. Juneau Signature
for Stella H. Baird P. O. Address
 Subscribed and sworn to before me this.....day of....., 1942
 (SEAL) Edna M. Lee Notary Public, residing at Tucson, Ariz.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Chas. J. Arizona

Received for filing on.....**MAY 2 1942**.....by Mabel H. Lee Registrar.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **344139**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Latah** (b) City **Genesee**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county **10** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Latah**
(c) City **Genesee**
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? **10** yrs.

3. RESIDENCE OF FATHER (city, state) **Genesee, Idaho**

5. Date of Birth of Child

(Month, day, year) **April 20th 1895**

4. FULL NAME OF CHILD

Hattie Gertrude Follett

6. Sex

Female

7. Twin or

Triplet

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy **9**

9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME

Edwin Rutherford Follett

11. Color or Race

White

12. Age at time

of THIS birth **43** yrs.

13. Birthplace

Walworth County, Wisconsin

(City or town)

(State or foreign country)

14. Exact

Occupation

Saddler

15. Industry or

Business

Harness and Saddlery

MOTHER OF CHILD

16. FULL MAIDEN NAME

Frances Ellen Hobson

17. Color or Race

White

18. Age at time

of THIS birth **38** yrs.

19. Birthplace

Lind, Waushara County, Wisc.

(City or town)

(State or foreign country)

20. Exact

Occupation

Housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

Nothing used

23. Number of children of this mother: (a) At time of birth and including this child

6

(b) Born alive and now living **6**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of ss.
County of

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears
in Item 4 above, that I am now **85** years of age, that I have known this person for **47** years, and that

Dr. J. L. Conant

(First name)

(Last name)

who attended this birth **Is now deceased** I further state that

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Frances Ellen Follett

Signature

4122 Sunnyside Ave

P. O. Address

Subscribed and sworn to before me this

4 day of **May**, 19**42**

(SEAL)

Notary Public, residing at

Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAY 9 1942**

by

Mabel T. Fisher

Registrar.

MAY 2 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

993 204 025-493.

344198

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Grangeville
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Myxile Richards

5. Date of Birth of Child

(Month, day, year) May 4, 1895

6. Sex female 7. Twin or Triplet 2LU If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry David Richards
11. Color white 12. Age at time of THIS birth 53 yrs.
13. Birthplace Grangeville, Idaho (City or town) (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Mark Mitchell
17. Color white 18. Age at time of THIS birth 32 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho County of Blaine ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for all my life years, and that Mark Williams, who attended this birth can not be located further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 25th day of April, 1942

(SEAL)

Notary Public, residing at Marblehead, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 7 1942 by Mark Williams Registrar.

MAY 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

415-102 035-455

344201

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 12 yrs.
3. **RESIDENCE OF FATHER** (city, state) Lewiston, Id.

4. **FULL NAME OF CHILD** Vern Forrest Manning

5. Date of Birth of Child
(Month, day, year) Apr. 2, 1895

6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Alfred Manning
11. Color white 12. Age at time of THIS birth 35 yrs.
13. Birthplace Old Town, Maine
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Mendenhall
17. Color white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Stockton, Calif
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of Washington } ss.
County of Whatcom

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 47 years, and that Dr. Morris, who attended this birth is deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
The facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lusie E. Johnson Signature
1506 Ellis St., Bellingham, Wash. P. O. Address

Subscribed and sworn to before me this 4th day of May, 1942.
(SEAL) J. E. Byrne Notary Public, residing at Bellingham, Wash
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

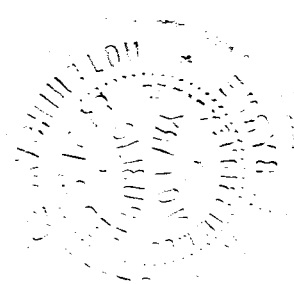
Received for filing on MAY 7 1942 by Mary E. Johnson, Registrar.

MAY 12 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

613126 007699

344255 344255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
IN THIS county Eight years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? Eight yrs.

4. FULL NAME OF CHILD

George Frederick Walker

3. RESIDENCE OF FATHER (city, state)

Hailey, Idaho
5. Date of Birth of Child
(Month, day, year) January 26 1895

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Walter Walker
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Benton, Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Friedrich
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Buchanan, Germany
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature..... M.D. Midwife Address..... Date.....

State of.....ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears in Item 4, above, that I am now Twenty years of age, that I have known this person for life years, and that.....Miss Bull....., who attended this birth.....deceased.....I further state that.....
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 13 day of May, 1942
(SEAL) Myrna L. Miner Notary Public, residing at Blaine
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

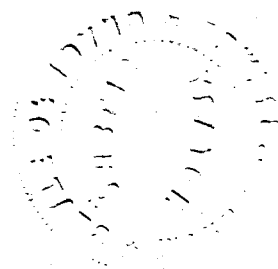
Received for filing on MAY 14 1942 by Mary E. Elder, Registrar.

MAY 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

243-208 028 213

344395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Hope
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Hope
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mary Irene Sullivan

5. Date of Birth of Child
(Month, day, year) Jan 8, 1942

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Thomas Sullivan
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Washington Iowa
(City or town) (State or foreign country)
14. Exact Occupation Yard foreman
15. Industry or Business Northern Pacific Ry.

MOTHER OF CHILD

16. FULL MAIDEN NAME Mahalia Jane Sallee
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Vancouver Washington
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at 12 P. M. on the date (Born alive, born)
and at the place stated above, and that personal particulars were furnished by Jane Sullivan, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Mrs. Farrer Midwife 1531 N. Wilcox Hollywood, Calif.

State of California ss.
County of Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 47 years, and that Mrs. Farrer who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mahalia Jane Sullivan Signature
1250 Cahuenga Blvd. Hollywood, Cal O. Address

Subscribed and sworn to before me this 6th day of May, 1942

(SEAL) M. Arnold Notary Public, residing at 1531 N. Wilcox
My Commission Expires Jan. 11, 1946 Hollywood, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by Mary E. Belden Registrar.

MAY 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelopes bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

597712-006 313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344433
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Eagle Rock
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 8 years 4 months 17 days

4. FULL NAME
OF CHILD

Earl Rockwood Nixon

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

FATHER OF CHILD

10. FULL
NAME

Thomas Alonson Nixon

11. Color White

12. Age at time
of THIS birth

34 yrs.

13. Birthplace

Wanskam

Utah

(City or town)

(State or foreign country)

14. Exact
Occupation

Clerk in S.C.M.I.

15. Industry or
Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham

(c) City Eagle Rock

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 55 yrs.

3. RESIDENCE OF FATHER (city, state)

Eagle Rock Idaho

5. Date of Birth of Child

(Month, day, year) 4-12-1895

8. No. months
of Pregnancy

9

9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN
NAME

Emma Jane Catmull

17. Color White

18. Age at time
of THIS birth

36 yrs.

19. Birthplace

Travely

England

(City or town)

(State or foreign country)

20. Exact
Occupation

House wife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date at
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by at, who is
related to this child as at
(First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho
County of Bannock ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4 above, that I am now 73 years of age, that I have known this person for 47 years, and that

Earl R. Nixon, who attended this birth I had deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Emma J. Nixon Signature
929 Bannock St. P. O. Address

Subscribed and sworn to before me this 12th day of May, 1947

(SEAL)

Notary Public, residing at Idaho Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by Mary E. Nelson, Registrar.

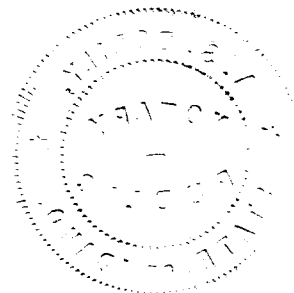
MAY 8 1943

MAY 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

799-109 022-391

344454

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Gremont (b) City Lewistown
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Gremont
(c) City Lewistown
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?.....yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

John Res Grimm

5. Date of Birth of Child

(Month, day, year) August 9, 1895

6. Sex

Male

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

☒

FATHER OF CHILD

10. FULL NAME

John Grimm

11. Color or Race

White

12. Age at time of THIS birth

35 yrs.

13. Birthplace

Karlsruhe

Germany

14. Exact Occupation

Stone mason

15. Industry or Business

Stone mason

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Hannah Crabtree

17. Color or Race

White

18. Age at time of THIS birth

49 yrs.

19. Birthplace

Salt Lake City

Utah

20. Exact Occupation

Housewife

21. Industry or Business

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6

(b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of

Idaho

County of

Madison

ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Brother.....of the person whose name appears in Item 4, above, that I am now.....58.....years of age, that I have known this person for.....46.....years, and that

Harriett Dabell....., who attended this birth.....is now deceased.....I further state that

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred A. Johnson.....Signature

52 No. 3rd West Rexburg, Idaho.....P. O. Address

Subscribed and sworn to before me this 8th day of May, 1942.

(SEAL)

Otto E. Sjogquist

Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

MAY 12 1942

by

Marl E. Egan

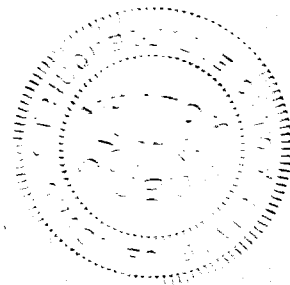
Registrar.

MAY 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **344482**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Payette** (b) City **Payette**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Private Home
(e) Mother's stay BEFORE delivery:
IN THIS county **1** years **1** months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Payette**
(c) City **Payette**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **One** yrs.

3. RESIDENCE OF FATHER (city, state) **Payette Ida.**

4. FULL NAME OF CHILD **Bessie Ann Graham**

5. Date of Birth of Child
(Month, day, year) **Oct. 29 1895**

6. Sex **Female** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME **Frank J. Graham**
11. Color **White** 12. Age at time of THIS birth **33** yrs.
13. Birthplace **Indianola Iowa**
(City or town) (State or foreign country)
14. Exact Occupation **Blacksmith**
15. Industry or Business **Blacksmithing**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Lavina J. Johnston**
17. Color **White** 18. Age at time of THIS birth **28** yrs.
19. Birthplace **Shenandoa Iowa**
(City or town) (State or foreign country)
20. Exact Occupation **House Wife**
21. Industry or Business **House Wife**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **Boric Acid**

23. Number of children of this mother: (a) At time of birth and including this child **3** (b) Born alive and now living **3**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature **M.D.** **Midwife** **Address** **Date**

State of **Oregon** } ss.
County of **Malheur**

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4, above, that I am now **75** years of age, that I have known this person for **47** years, and that **Mary Sawyer, midwife**, who attended this birth **can not be located** I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lavina J. Graham Signature
Vale, Oregon P. O. Address

Subscribed and sworn to before me this **5th** day of **May**, 19 **42**.
(SEAL) **Mary Sawyer** Notary Public, residing at **Vale, Oregon**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAY 13 1942** by **Mary Sawyer** Registrar.

MAY 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

217 218 004 864

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **344562**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County **Bear Lake** (b) City **Montpelier**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **At home**
(e) Mother's stay **BEFORE** delivery:
IN THIS county **25** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Bear Lake**
(c) City **Montpelier**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **20** yrs.
3. RESIDENCE OF FATHER (city, state) **Montpelier, Ida.**

4. FULL NAME OF CHILD **Sarah Bagley**

5. Date of Birth of Child
(Month, day, year) **8/18/1895**

6. Sex **female** **7. Twin or Triplet** **If so—born 1st, 2nd, 3rd** **8. No. months of Pregnancy** **9** **9. Legitimate?** **Yes**

FATHER OF CHILD

10. FULL NAME **Joseph Bagley**
11. Color or Race **white** **12. Age at time of THIS birth** **29** yrs.
13. Birthplace **Nottinghamshire, England**
(City or town) (State or foreign country)
14. Exact Occupation **Engineer on railway**
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **Mary Isabelle Young**
17. Color or Race **white** **18. Age at time of THIS birth** **20** yrs.
19. Birthplace **Montpelier, Idaho**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **Don't know name of medicine.**
23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **1**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D.** **Midwife** **Address** **Date**

State of **Idaho**
County of **Bear Lake** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4, above, that I am now **67** years of age, that I have known this person for **all her life** years, and that **Francesa Bridges**, who attended this birth **is now deceased**. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Isabelle Young Bagley Signature
Montpelier, Idaho P.O. Address

Subscribed and sworn to before me this **11th** day of **May**, 19 **42**.
(SEAL) **Char E Harris** Notary Public, residing at **Montpelier, Idaho**.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAY 12 1942** by **Mary B. Fisher**, Registrar.

100312
AUG 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449.111 018 962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **344577**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County CLEARWATER (b) City PIERCE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County CLEARWATER
(c) City PIERCE
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) PIERCE, IDAHO

5. Date of Birth of Child
(Month, day, year) August 11, 1895

4. FULL NAME OF CHILD HAROLD F MURCH

6. Sex MALE 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME HORACE G. MURCH
11. Color or Race WHITE 12. Age at time of THIS birth 41 yrs.
13. Birthplace CORVALLIS, OREGON
(City or town) (State or foreign country)
14. Exact Occupation HOTEL MANAGER
15. Industry or Business HOTEL

MOTHER OF CHILD

16. FULL MAIDEN NAME EVA ROBERTSON
17. Color or Race WHITE 18. Age at time of THIS birth 39 yrs.
19. Birthplace BREKID, ILLINOIS
(City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Midwife _____ Address _____ Date _____

State of IDAHO ss.
County of LEWIS

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 46 1/2 years, and that

MRS. HAMMOND, who attended this birth 13 MAN DECEASED I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Tom Robertson Signature
NEZPERCE IDAHO P. O. Address

Subscribed and sworn to before me this 16 day of APRIL, 1932.
(SEAL) Richard M. Mitchell Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1932 by Mary E. Fisher Registrar.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

689-111028-315

344700

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County...Kootenai... (b) City...Rathdrum.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....none.....
(e) Mother's stay BEFORE delivery:
IN THIS county 6 years -- months -- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State...Idaho... (b) County...Kootenai.....
(c) City...Rathdrum.....
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 48 yrs.
3. RESIDENCE OF FATHER (city, state)Rathdrum, Ida

4. FULL NAME OF CHILD...William Henry White.....

5. Date of Birth of Child
(Month, day, year)Aug. 11, 1895.....

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd XXXX

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME...Frank M. White.....
11. Color...White... 12. Age at time of THIS birth...42.....yrs.
13. Birthplace...Netwich, New York.....
(City or town) (State or foreign country)
14. Exact Occupation...Carpenter.....
15. Industry or Business.....

MOTHER OF CHILD

16. FULL MAIDEN NAME...Josephine V. Lancaster.....
17. Color...White... 18. Age at time of THIS birth...27.....yrs.
19. Birthplace...Keokuk, Iowa.....
(City or town) (State or foreign country)
20. Exact Occupation...Housewife.....
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum...X.....
23. Number of children of this mother: (a) At time of birth and including this child...1... (b) Born alive and now living...4.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of...Idaho.....
County of...Kootenai.....} ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the...Mother...of the person whose name appears in Item 4. above, that I am now...73...years of age, that I have known this person for...46...years, and that
(No physician) (First name) (Last name), who attended this birth...midwife—name forgotten...further state that
(Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 12th day of May, 1942.
(SEAL) Josephine V. White Signature
Rathdrum, Idaho P. O. Address
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code, as amended.)
Notary Public, residing at Rathdrum, Ida.

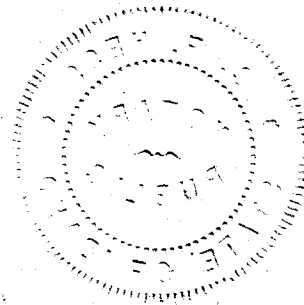
Received for filing on MAY 14 1942 by May E. Baker, Registrar.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

695-201-025-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **344849**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City —
(c) Street Address or R.F.D. No. R.F.D. WHITEBIRD
(d) Name of Hospital or Maternity Home:
RANCH ON SNAKE RIVER
(e) Mother's stay BEFORE delivery:
IN THIS county years 12 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County IDAHO
(c) City RED WHITEBIRD
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

ALICE CLARA WINTERS

5. Date of Birth of Child

(Month, day, year) APRIL 1, 1895

6. Sex FEMALE 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME GEORGE SNIDER WINTERS
11. Color WHITE 12. Age at time of THIS birth 32 yrs.
13. Birthplace CARSON CITY NEVADA
(City or town) (State or foreign country)

MOTHER OF CHILD

16. FULL MAIDEN NAME BERTHA JANE WILMOTH
17. Color WHITE 18. Age at time of THIS birth 19 yrs.
19. Birthplace ILLINOIS
(City or town) (State or foreign country)

14. Exact Occupation KENNEL

20. Exact Occupation HOUSEKEEPER

15. Industry or Business —

21. Industry or Business —

16. Name of physician used in treatment of child —

22. Name of physician used in treatment of child —

23. Number of children of this mother and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of OREGON
County of MULTNOMAH ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for SINCE BIRTH years, and that BERTHA WINTERS, who attended this birth, is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 15 day of APRIL, 1942
My Commission Expires Dec. 1942
George Snider Winters Signature
1523 8th Ave Portland Ore P. O. Address

Larry Paulson Notary Public, residing at Portland, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by Marj G. Egan Registrar.

MAY 1 9 1922

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 2)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been reported, and in case of failure to report any birth which has occurred subsequent to the effective date, such report may be received and recorded by the Bureau of Vital Statistics in the Bureau of Vital Statistics, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

294-104-028-466

344891

United States (Be sure the information is as of date of birth of THIS child) State File No. 344891
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Hope
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years 9 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Hope
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Hope Idaho

4. FULL NAME OF CHILD Francis Albert Simpson
5. Date of Birth of Child
(Month, day, year) April 4 1895

6. Sex Male 7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Wright Simpson
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Oxford N. S. Canada
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Jane Moore
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Oxford N S Canada
(City or town) (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____
Midwife _____ Address _____ Date _____

State of Washington County of Snohomish } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 47 years, and that Dr Harding, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Jane Simpson Signature
#2120 Everett Ave., Everett Wash. P. O. Address
Subscribed and sworn to before me this 6th day of April, 1942
(SEAL) W. P. McAllister Notary Public, residing at Everett
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

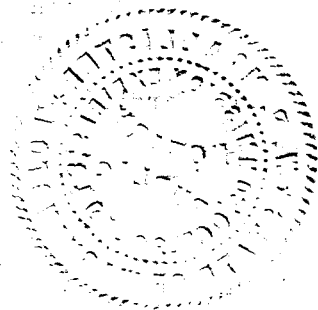
Received for filing on MAY 15 1942 by Mary J. Simpson Registrar.

MAY 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

752-101-001-413

344925

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. GEN. DEL.
(d) Name of Hospital or Maternity Home: RANCH HOME
(e) Mother's stay **BEFORE** delivery:
IN THIS county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) Street Address or R.F.D. No. GEN. DEL.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

4. **FULL NAME OF CHILD** FRED PRESTON GESS

3. **RESIDENCE OF FATHER** (city, state) BOISE IDAHO
5. Date of Birth of Child
(Month, day, year) SEPT. 1, 1895

6. Sex MALE 7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD
10. **FULL NAME** FRANK GESS
11. Color or Race WHITE 12. Age at time of THIS birth 28 yrs.
13. Birthplace CALOWELL, IDAHO
(City or town) (State or foreign country)
14. Exact Occupation FORMER
15. Industry or Business FARMING & STOCK

MOTHER OF CHILD
16. **FULL MAIDEN NAME** EVA ESTELLA DALY
17. Color or Race WHITE 18. Age at time of THIS birth 23 yrs.
19. Birthplace UNIONVILLE, MISSOURI
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business FARMING

22. Name prophylactic used to prevent Ophthalmia Neonatorum. None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE at 4:30 A. M. on the date 4-30 and at the place stated above, and that personal particulars were furnished by FRANK GESS, who is related to this child as FATHER
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of CALIFORNIA } ss.
County of LOS ANGELES

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 75 years, and that LARA MC GUIRE who attended this birth IS NOW DECEASED. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred Preston Gess Signature
751 1/2 E. Broadway, Baldwin Park, Calif. O. Address
Subscribed and sworn to before me this 4th day of May, 1942.
(SEAL) Mildred L. Steele Notary Public, residing at Baldwin Park, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1942 by Mabel E. Fisher, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses provided in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 3 1951

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **344942**
Local Reg. No.
Reg. Dist. No.

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Neperzy (b) City Westlake P.O.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
none
(e) Mother's stay BEFORE delivery:
IN THIS county 6 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Neperzy
(c) City Westlake P.O.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.

**4. FULL NAME
OF CHILD**

Kathryn Rebecca Stephens

5. Date of Birth of Child

(Month, day, year) Sept. 12, 1895

6. Sex

Female

7. Twin or

Triplet

no

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

**10. FULL
NAME**

Franklin Taylor Stephens

11. Color

White

12. Age at time

of THIS birth. 43 yrs.

13. Birthplace

Enon, Ohio

(City or town)

(State or foreign country)

14. Exact

Occupation

Farmer

15. Industry or

Business

MOTHER OF CHILD

**16. FULL MAIDEN
NAME**

Idella Lardine Smith

17. Color

White

18. Age at time

of THIS birth. 31 yrs.

19. Birthplace

Goshen, Indiana

(City or town)

(State or foreign country)

20. Exact

Occupation

Housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 2 A. M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Idella C. Stephens, who is
related to this child as mother
(Mother, etc.) (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Kansas } ss.
County of Cherokee

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
in Item 4, above, that I am now 25 years of age, that I have known this person for 47 years, and that

Idella C. Stephens, who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Mrs. Idella C. Stephens Signature
Topeka, Kansas P. O. Address

Subscribed and sworn to before me this 22nd day of March, 1942

(SEAL)

Bertha Trapp

Notary Public, residing at Topeka, Kansas

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code annotated)

Received for filing on MAY 18 1942 by Mary E. Eblin Registrar.

MAY 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-124-244-289

344957

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Salubria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Salubria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ralph George Kennedy
6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

5. Date of Birth of Child
(Month, day, year) May 24, 1895

FATHER OF CHILD
10. **FULL NAME** George S. Kennedy
11. Color white 12. Age at time of THIS birth 35 yrs.
13. Birthplace LaSalle, Illinois
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business stock grower

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Martha Shirts
17. Color white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Leavenworth, Kansas
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Umatilla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 47 years, and that Sally Shirts, who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha (Shirts) Reilly Signature
Stanfield, Oregon P. O. Address

Subscribed and sworn to before me this 15 day of April, 1942
(SEAL) W. H. Hay Notary Public, residing at Echo, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by Registrar.

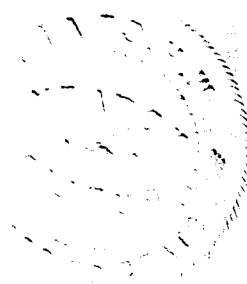
DEC 7 1965

MAY 21 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Jefferson
City of _____
No. _____ St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

344973

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Ruben Mac Oakden

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Oct 30</u> , <u>1895</u> (Month, Day, Year)
		5. Number, in order of birth <u>3</u>	Full term <u>X</u>		

9. Full name <u>Robert Oakden</u>	FATHER	18. Full maiden name <u>Luella Francetta Tanner</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Menan Idaho.</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Menan Idaho.</u>	
11. Color or race <u>white</u>	12. Age at last birthday <u>deceased</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>deceased</u> (years)
13. Birthplace (city or place) (State or Country) <u>England</u>		22. Birthplace (city or place) (State or Country) <u>Beaver Utah</u>	

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sawyer</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Operator</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housekeeper</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work <u>date not known</u>	17. Total time (years) spent in this work <u>20</u>	25. Date (month and year) last engaged in this work <u>19 98</u>	26. Total time (years) spent in this work <u>all her life</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician
or midwife, then the father, household, etc.,
should make this return.

Give name added from
a supplemental report _____

(Date of)

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed MAY 18 1942 193 Manuel J. Fisher
Registrar.

DELAYED

612-130-526-315

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Jefferson } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Elizabeth A. Poole being first duly sworn says that
she is the Aunt of Reuben Mac Oakden
Nephew
(Relationship of child)*
born Oct. 30, 1895 at Menan, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Reuben Mac Oakden
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Nina Stephens ~~was~~ was the
Midwife
medical attendant at the birth of said Reuben Mac Oakden and that
the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant Elizabeth A. Poole

P. O. Address Menan, Idaho.

Subscribed and sworn to before me this 11th day of May, 19 42

George M. Laren

Notary Public.

Com. Exp. Dec. 12, 1943

Residing at Menan, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

MAY 18 1942

MAY 20 1962

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **344986**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **LATAH** (b) City **VIRGINIA TOWN**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county **2** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **IDAHO** (b) County **LATAH**
(c) City
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? **Two** yrs.

3. RESIDENCE OF FATHER (city, state) **VIRGINIA TOWN IDAHO**

4. FULL NAME OF CHILD **MAYBELL "MABEL" DAHL KING**

5. Date of Birth of Child
(Month, day, year) **MAY 20 - 1895**

6. Sex **FEMALE** **7. Twin or** **If so—born**
Triplet **1st, 2nd, 3rd**

8. No. months **9. Legitimate?**
of Pregnancy **9** **YES**

FATHER OF CHILD

10. FULL NAME **WILLIAM HERMAN KING**
11. Color **12. Age at time**
or Race **WHITE** **of THIS birth** **25** yrs.
13. Birthplace **ONTARIO WISCONSIN**
(City or town) (State or foreign country)
14. Exact
Occupation **FARMER**
15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **ANNA DORA DAHL**
17. Color **18. Age at time**
or Race **WHITE** **of THIS birth** **18** yrs.
19. Birthplace **SCRIBNER NEBRASKA**
(City or town) (State or foreign country)
20. Exact
Occupation **HOUSEWIFE**
21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **NONE KNOWN**

23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **4**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)

25. Attendant's
OWN signature **E. E. Watts** (Mother, etc.)

M.D. **Midwife** **Address** **Gifford Ida** **Date** **5-11-1942**

State of **Washington**
County of **Whatcom** } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears
in Item 4, above, that I am now **73** years of age, that I have known this person for **46** years, and that
Dr. Watts (First name) (Last name), who attended this birth **can not be located**. I further state that
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

William Herman King Signature

Frendale Wash P. O. Address

Subscribed and sworn to before me this **22** day of **April**, 19**42**

(SEAL)

John F. Klesian

Notary Public, residing at **Frendale**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **APR 27 1942** by **James E. Edwards** Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

21K-103-206-437

345055

345055

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

MAY 22 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County...Bingham..... (b) City...Blackfoot.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay BEFORE delivery:
IN THIS county 5 years 8 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State...Idaho..... (b) County...Bingham.....
(c) City...Blackfoot.....
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Idaho

4. FULL NAME OF CHILD Boyd Givens Baumgartner

7. Twin or Triplet --- If so—born 1st, 2nd, 3rd -
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME George Ellis Baumgartner

11. Color White 12. Age at time of THIS birth 35 yrs.
13. Birthplace...Hayesville, North Carolina.....
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME Lydia McPherson

17. Color White 18. Age at time of THIS birth 32 yrs.
19. Birthplace...Athens, Ohio.....
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum...Not known
23. Number of children of this mother: (a) At time of birth and including this child...1 (b) Born alive and now living...4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature..... M.D. Address Date
State of...Idaho.....ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of...Ada.....

I, the undersigned, being first duly sworn, say that I am the...friend.....of the person whose name appears in Item 4, above, that I am now...58.....years of age, that I have known this person for...47.....years, and that Dr. John W. Givens....., who attended this birth...is now deceased..... I further state that (First name) (Last name) (Is now deceased or (cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Raymond H. Givens.....Signature
1310 Hays Street, Boise, Idaho P. O. Address

Subscribed and sworn to before me this...4th day of...May...1942
(SEAL) Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on...MAY 22 1942...by...Mary Field...Registrar.

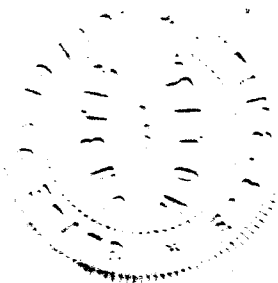
MAY 22 1942

8 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



673-1041029-342

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **346012**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Whitman (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county years 3 months days

4. FULL NAME OF CHILD

Alfred H. Oglesby

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME George H. Oglesby
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Hudson County, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

5. Date of Birth of Child
(Month, day, year) May 4, 1895

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Barbara Lusk
17. Color White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Moscow, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 66 years of age, that I have known this person for years, and that
(First name) (Last name) who attended this birth. (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Barbara Oglesby Signature
1648 1st St. S. Payette, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of May, 1942
(SEAL) Notary Public, residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by Registrar

WAY 22 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

893-205-016 719

United States (Be sure the information is as of date of birth of THIS child.) Stat. File No. 346363
Department of Commerce, AMENDED **CERTIFICATE OF BIRTH** Local Reg. No. _____
Bureau of the Census April 10, 1947 STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Malta
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay BEFORE delivery:
In THIS county 26 years 3 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Malta
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Malta, Idaho

4. FULL NAME OF CHILD Sarah Margaret Hitt 5. Date of Birth of Child (Month, day, year) August 5, 1895

6 Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd _____ 8. No. months of Pregnancy 9mos. 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James B. Hitt
11. Color White 12. Age at time of THIS birth 45 yrs.
13. Birthplace Culpepper, Virginia
(City or town) (State or foreign country)
14. Exact Occupation Rancher-Cattleman
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Jane Lavina Parke
17. Color White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Virginia City, Nevada
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (Born alive, stillborn) (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Cassia }

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 45 years, and that Dr. R. T. Story who attended this birth is now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Joseph L. Parke Signature
Heyburn, Idaho P. O. Address _____
Subscribed and sworn to before me this 20 day of May, 1942
(SEAL) Jeannete Y. Chamberlain Notary Public, residing at Burley, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My commission expires Dec. 28, 1945)
Received for filing on May 21, 1942 by Mabel F. Elder, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce-
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **346363**

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Malta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery
IN THIS county 26 years 3 months 2 days

4. FULL NAME OF CHILD Sarah Margaret Hitt

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME James B. Hitt
11. Color white 12. Age at time of THIS birth 45 yrs.
13. Birthplace Chippewee, Virginia
(City or town) (State or foreign country)
14. Exact Occupation Rancher - Cattleman
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City Malta
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Malta, Idaho

5. Date of Birth of Child (Month, day, year) Aug 5, 1900

8. No. months of Pregnancy 9 mo. 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MOTHER NAME Jane Loving Parke
17. Color white 18. Age at time of THIS birth 35 yrs.
19. Birthplace Virginia City, Nevada
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of Idaho } ss.
County of Cassia

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 43 years, and that Mr. R. T. Story (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph L. Parke Signature
Heyburn, Idaho P. O. Address

Subscribed and sworn to before me this 20 day of May, 19 42
(SEAL) Jeannette M. Chamberlain Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires Dec. 28, 1943

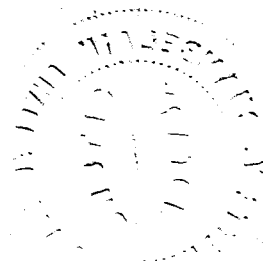
Received for filing on MAY 21 1942 by [Signature] Registrar.

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

STATE OF IDAHO

MAR 31 1947

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
 County of Cassia } ss.

Certificate No. 346363

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth Sarah Margaret Hitt Jacobs

for Sarah Margaret Hitt Jacobs who Born on Aug. 5, 1895
 (Name on Original Certificate) (Was Born or Died) (Date of Event)
 in Malta, Cassia Co., Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
 (Place of Event)
 true facts are shown by this affiant was present at the time of birth, are:

(Bible Record, Insurance Policy, Etc.)

(Give Date)

FACTS TO BE CORRECTED

FROM

TO

("Name," "Birth Date," "Cause of Death," Etc.) (As on Original)

(The Correct Facts)

BirthdateAugust 5, 1900August 5, 1895

Subscribed and sworn to before me this 28th
 day of March, 1947.

Signed

Mary Parks (aunt)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Burley, IdahoMy commission expires May 25, 1949.834 N. Conant Ave., Burley, Idaho

(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
 County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
 day of _____, 19____.

Signed

Mary Parks (aunt)

(Signature of Any Credible Person)

Notary Public, residing at _____

My commission expires _____

(Seal)

(Street Address, City, State)

APR 1 1957

JUN 15 1957

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

331-100-25-996

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **346373**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County IDAHO (b) City RIGGINS
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 2 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County IDAHO
(c) City RIGGINS

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Riggins Idaho

5. Date of Birth of Child
(Month, day, year) Sept. 2-1895

4. FULL NAME OF CHILD LOREN ISAAC CLAY

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hershel Horatio Clay
11. Color or Race White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Ohio
(City or town) (State or foreign country)
14. Exact Occupation Farmer and Stockraiser
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Rebecca Elizabeth Irwin
17. Color or Race White 18. Age at time of THIS birth 42 yrs.
19. Birthplace Greencastle Indiana
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 8.00 P.M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Margaret E. Livengood, who is related to this child as Sister
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife

State of Idaho County of Nas Perce } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 46 & 2/3 years, and that

Midwife who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret E. Livengood Signature
Box 878 Lewiston Idaho. P. O. Address

Subscribed and sworn to before me this 7th day of MAY, 1942
(SEAL) John P. Phillips Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

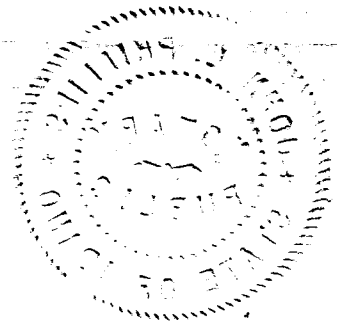
Received for filing on MAY 21 1942 by Mary E. Phillips Registrar.

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record type-writer ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

386-228-229-354

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **346390**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (a) County <u>Latah</u> (b) City <u>Kendrick</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days. In THIS county <u>14</u> years. months. days.		2. USUAL RESIDENCE OF MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Kendrick</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>35</u> yrs. (f) Mother's mailing address <u>Kendrick Idaho</u>	
4. FULL NAME OF CHILD <u>Elsie Thomas</u>		5. Date of Birth <u>Dec. 28-1895</u> (Month, day, year)	
6. Sex <u>Female</u>		7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd	
8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Martin Van Buren Thomas</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>40</u> yrs. 13. Birthplace <u>North Carolina</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer-Merchant Banker</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Lucy Emma Lemons</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>30</u> years 19. Birthplace <u>Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Date received) (Registrar's signature) (First name) (Last name)

26. (a) MAY 21 1942 (b) M. H. Heister
(Date received) (Registrar's signature)
25. Attendant's OWN signature M.D. or
(D.O., Midwife, etc.)
27. Given name added on by and address
(Registrar's signature) Date

State of IDAHO } ss.
County of LATAH }
I, ELsie THOMAS, being first duly sworn, say that I am
ELsie THOMAS as Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that MRS. CALBORTH, who attended said birth, and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Subscribed and sworn to before me on this 18 day of MAY 1942
(SEAL) Notary Public, residing at Kendrick

MAY 26 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

346393

1. PLACE OF BIRTH

(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At Parents Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county 18 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address present Nampa, Ida

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD

WILLIAM BURDELL RICHMOND

5. Date of Birth

(Month, day year) Nov. 27, 1895

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

WILLIAM BURDELL RICHMOND

11. Color or Race White 12. Age at time
of THIS birth 28 yrs.

13. Birthplace Moundsville, West Va.
(City or town) (State or foreign country)

14. Exact
Occupation Unemployed

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

ALMEDIA GUMBRENNEN

17. Color or Race White 18. Age at time
of THIS birth 19 yrs.

19. Birthplace Boltigen Switzerland
(City or town) (State or foreign country)

20. Exact
Occupation Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Powder
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

26. (a) MAY 23 1942 (b) Mary B. Richmond
(Date received) (Registrar's signature)

25. Attendant's
OWN signature. M.D.
(D.O., Midwife, etc.)

27. Given name added on by
(Registrar's signature)

and address Date

State of Idaho } ss.
County of Canyon

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED

I, Mrs. Wm. B. Richmond Sr., being first duly sworn, say that I am Related to
William Burdell Richmond as Mother
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Mrs. Chas. Bridge, who attended

said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 23rd day of May 1942

(SEAL)

Notary Public, residing at Nampa, Ida

Signature

P. O. Address

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

346403

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Idaho (b) City Garden Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county Many years month days

4. FULL NAME

OF CHILD Redomer Charles Sebastian6. Sex Male7. Twin or
TripletIf so—born
1st, 2nd, 3rd8. No. months
of Pregnancy9. Legitimate? Yes

FATHER OF CHILD

10. FULL

NAME Daniel Smith Sebastian

11. Color White 12. Age at time Don't know
or Race. of THIS birth yrs.

13. Birthplace Missouri
(City or town) (State or foreign country)

14. Exact Blacksmith
Occupation

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN

NAME Mary Ann Holohan

17. Color White 18. Age at time Dont know
or Race. of THIS birth yrs.

19. Birthplace Kentucky
(City or town) (State or foreign country)

20. Exact House Wife
Occupation

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5
(c) Born alive and now dead 4 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

26. (a) MAY 22 1942 (b) Mary E. Sebastian
(Date received) (Registrar's Signature)

25. Attendant's
OWN signature M.D.
(D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Shoshone

I, Albert Daniel Sebastian

being first duly sworn, say that I am Related to
Brother, Next elder. (Related to (or) acquainted with)
as (State relationship or acquaintance), whose birth certificate
appears above, and that I desire to have the said birth recorded under Chapter 139, 1927 Session Laws, and that the facts
contained therein are true to the best of my knowledge. I further state that Daniel Smith Sebastian
(Name of attendant at birth), who attended
said birth. Is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Albert Daniel Sebastian Signature

Subscribed and sworn to before me on this day of 1942
(SEAL) Anna Batisch

Box 445 Wallace Idaho P. O. Address
Notary Public, residing at Wallace

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

666-118-203-318

346533

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Downey</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Downey</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	
4. FULL NAME OF CHILD <u>John W. Woolsey</u>		5. Date of Birth of Child (Month, day, year) <u>July 18, 1895</u>	
6. Sex <u>male</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>James A. Woolsey</u>		16. FULL MAIDEN NAME <u>Sarah Jane Layton</u>	
11. Color <u>white</u>	12. Age at time of THIS birth <u>24</u> yrs.	17. Color <u>white</u>	18. Age at time of THIS birth <u>24</u> yrs.
13. Birthplace <u>Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>Kaysville</u> <u>Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>farmer</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature.....**M.D.**.....**Address**.....**Date**.....
Midwife

State of Idaho.....ss.
County of Fremont.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 47 years, and that Mrs. Staples....., who attended this birth is now dead..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah J. Woolsey.....Signature
.....P. O. Address

Subscribed and sworn to before me this 18th day of May, 19 42
(SEAL) Rathbone Coffey Deputy Public, residing at ST. ANTHONY, IDA
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-614, Idaho Code Annotated.)

Received for filing on MAY 21 1942 by Marj G. Fisher Registrar.

JUN 20 1921

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

533-2181029-859

346536

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No. R. F. D.
(d) Name of Hospital or Maternity Home:
In own home
(e) Mother's stay BEFORE delivery:
IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No. R. F. D.
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Kendrick, Ida.

4. FULL NAME OF CHILD Charlotte Angene Elliott

5. Date of Birth of Child
(Month, day, year) Oct. 18, 1895

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Alonzo Elliott
11. Color White 12. Age at time of THIS birth 47 yrs.
13. Birthplace Bradford Co., Pennsylvania
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lizzie Adell Heister
17. Color White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Jackson Co., Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho } ss.
County of Washington

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for life years, and that Mary Jenkins, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Albane Elliott Signature
Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of May, 19 42
(SEAL) Fern Hansen Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

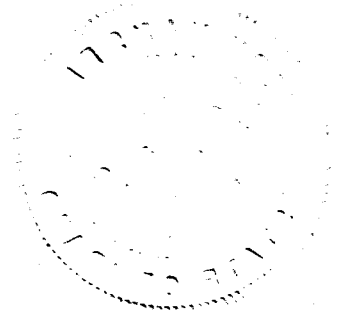
Received for filing on MAY 22 1942 by Registrar.

OCT 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

168-119-029-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **346582**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>LATAH</u> (b) City <u>TROY, IDAHO</u> (c) Street Address or R.F.D. No. <u>HOME</u> (d) Name of Hospital or Maternity Home: <u>HOME</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>9</u> years <u>✓</u> months <u>✓</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>LATAH</u> (c) City <u>TROY</u> (d) Street Address or R.F.D. No. <u>NONE</u> (e) How long has MOTHER lived in Idaho? <u>55</u> yrs.	
4. FULL NAME OF CHILD <u>EDGAR JOHNSON</u>		3. RESIDENCE OF FATHER (city, state) <u>TROY, IDAHO</u> 5. Date of Birth of Child (Month, day, year) <u>JULY 19-1895</u>	
6. Sex <u>SON</u>	7. Twin or Triplet <u>✓</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>YES</u>
FATHER OF CHILD 10. FULL NAME <u>EMIL OTTO JOHNSON</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>40</u> yrs. 13. Birthplace <u>WASECA, MINN.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>ENGINEER (SAW MILL)</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>JUSTINA JOHNSON</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>38</u> yrs. 19. Birthplace <u>DARSLAND SWEDEN</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSEWIFE</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>SIX</u> (b) Born alive and now living <u>NINE</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. ✓ Address UNKNOWN. Date
Midwife ✓
State of Washington ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Spokane
I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 47 years, and that Mid Wife Dont Know, who attended this birth Deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 438, 1937 Session Laws.

Mrs. M. A. Hasner Signature
West 1910 Knox Ave- Spokane Wash- P. O. Address
Subscribed and sworn to before me this 21st day of May, 1942
(SEAL) George Bradley Notary Public, residing at Spokane Wash-
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

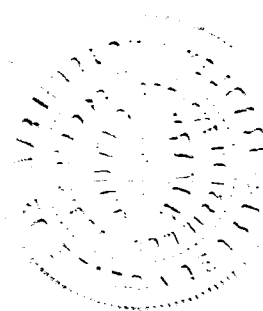
Received for filing on MAY 25 1942 by Mabel Zeller Registrar.

MAY 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



436-118-035-413

MAY 29 1942

346688

346688

United States
Department of Commerce
Bureau of the Census

Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No. XX
(d) Name of Hospital or Maternity Home:
none - family residence
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No. XX
(e) How long has MOTHER lived in Idaho? 33 yrs.
3. RESIDENCE OF FATHER (city, state) Lenore, Ida

4. FULL NAME OF CHILD James Benjamin McFadden
5. Date of Birth of Child (Month, day, year) Apr. 18th, 1895
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME John Pearson McFadden
11. Color White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Sunville Penn.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME Eather Euphany Mathew
17. Color White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Harrison County, W. Va.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum XX
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY THAT I attended the birth of this child, who was alive at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Eather McFadden, who is related to this child as Mother
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Eather McFadden M.D. Midwife Address Date

State of Washington County of Clark ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 47 years, and that Mrs. Plank, Midwife, who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eather Euphany Mathew McFadden Signature
Clarkston Wash P. O. Address
Subscribed and sworn to before me this 16 day of April, 1942
(SEAL) A. N. Raymond Notary Public, residing at Clarkston Wash
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1942 by Mary E. Eder, Registrar.

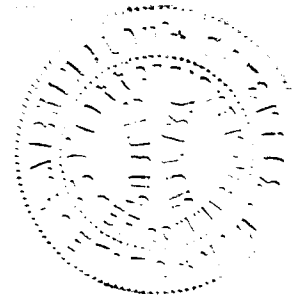
FEB 24 1965

MAY 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-2181061-955

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **346700**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Ada (b) City Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 5 years months days

4. FULL NAME OF CHILD

Neeta Reed Smith

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME James Thomas Smith
11. Color White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Jacksonville, Florida
(City or town) (State or foreign country)
14. Exact Occupation Teacher and farmer
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child

(Month, day, year) March 18, 1895

8. No. months of Pregnancy 9

9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Reed
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Idaho Springs, Colorado
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Star at 10 M. on the date Star (Born alive, ~~deceased~~)

and at the place stated above, and that personal particulars were furnished by Thos L Badley, who is related to this child as Aunt (First name) (Last name)

25. Attendant's OWN signature Assistant M.D. Address Portland Date

State of Idaho ss. County of Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4 above, that I am now 38 years of age, that I have known this person for 47 years, and that

Thos (First name) Badley (Last name), who attended this birth deceased I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 23 day of May, 1942

(SEAL)

Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

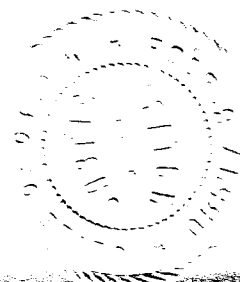
Received for filing on MAY 26 1942 by Mary EXPIRES JULY 4, 1942, Registrar.

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



295-123-006-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **346705**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state) Shelley

5. Date of Birth of Child
(Month, day, year) Sep. 23, 1895

4. FULL NAME OF CHILD

Samuel G. King

6. Sex male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George King
11. Color white 12. Age at time
or Race of THIS birth 65 yrs.
13. Birthplace Kent England
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Barnes
17. Color white 18. Age at time
or Race of THIS birth 32 yrs.
19. Birthplace Sand Peet County, England
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child four (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin of the person whose name appears
in Item 4, above, that I am now 56 years of age, that I have known this person for all his life years, and that
Christine Huband (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Mary A. Rawley
Shelley, Idaho

Signature

P. O. Address

Subscribed and sworn to before me this 1st day of May, 1942.

(SEAL)

Notary Public, residing at Shelley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by Registrar.

FEB 16 1960

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

381-131-006-316

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **346762**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Bingham** (b) City **Idaho Falls**
(c) Street Address or R.F.D. No. **Eagle Rock St.**
(d) Name of Hospital or Maternity Home:
At Home.
(e) Mother's stay BEFORE delivery:
IN THIS county **3** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Bingham**
(c) City **Idaho Falls**
(d) Street Address or R.F.D. No. **Eagle Rock St.**
(e) How long has MOTHER lived in Idaho? **3** yrs.

3. RESIDENCE OF FATHER (city, state) **Idaho Falls**

4. FULL NAME OF CHILD

Paul Adlore Changnon

6. Sex **Male**

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy **9**

9. Legitimate? **Yes**

5. Date of Birth of Child
(Month, day, year) **Dec. 31, 1895.**

FATHER OF CHILD

10. FULL NAME **Adelore George Changnon**
11. Color **White** 12. Age at time
or Race **White** of THIS birth **31** yrs.
13. Birthplace **St. Anne Illinois**
(City or town) (State or foreign country)
14. Exact Occupation **Telegraph Operator.**
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **Eliza Mary Lafferty**
17. Color **White** 18. Age at time
or Race **White** of THIS birth **31** yrs.
19. Birthplace **Anoka, Minn.**
(City or town) (State or foreign country)
20. Exact Occupation **House Wife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **4** (b) Born alive and now living **4**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of **California** } ss.
County of **San Diego**

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Father & Mother** of the person whose name appears
in Item 4, above, that I am now **78 & 78** years of age, that I have known this person for **46** years, and that
Dr. Thomas Wilson, who attended this birth **deceased**. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws

Adelore George Changnon Signature
Eliza M. Changnon O. Address
545-24th St. San Diego, Calif.

Subscribed and sworn to before me this **5** day of **May**, 19**42**

(SEAL)

Effie B. Powell

Notary Public, residing at **San Diego**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.) My Commission Expires **April 29, 1945**

Received for filing on

MAY 26 1942

by

John H. Wilson

Registrar.

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445-114.001-7957542

346844

346844

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. One
(d) Name of Hospital or Maternity Home:
- (e) Mother's stay **BEFORE** delivery:
IN THIS county 20 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. One
(e) How long has MOTHER lived in Idaho? yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** John Isaac Duncan
5. Date of Birth of Child Feb. 14, 1895
(Month, day, year)
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Matthew Elphish Duncan
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Peru, Ark.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Alice Jane Pierce
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Salina City, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife & Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
- (Mother, etc.)

25. Attendant's **OWN** signature Idaho M.D. Midwife Address Date

- State of Idaho County of Ada } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 47 years, and that Dr. Bennett who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
- the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

- Subscribed and sworn to before me this 1st day of June, 1942
- (SEAL) Bartha Pierce Signature
R.D. # one Boise Idaho P. O. Address
- (Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)
- Notary Public, residing at Boise, Idaho

- Received for filing on JUN 1 1942 by Maur Elder Registrar.

JUN 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

556-1109 4-249

347081

347081

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City BOISE
(c) Street Address or R.F.D. No. 1130 E. Bannock
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
IN THIS county 10 years 9 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City BOISE
(d) Street Address or R.F.D. No. 1130 E. Bannock
(e) How long has MOTHER lived in Idaho? 35 yrs.

4. FULL NAME OF CHILD

Claude Adra Newton

5. Date of Birth of Child
(Month, day, year) Jan 10 1895

6. Sex

MALE

7. Twin or
Triplet

Twin

If so—born
1st, 1st

8. No. months
of Pregnancy 9

9. Legitimate? Yes

10. FULL NAME

Osiaer Newton

11. Color

WHITE

12. Age at time

35 yrs.

13. Birthplace

NEEDHAM

MISSOURI

14. Exact Occupation

LABORER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

MINNIE BURTONS

17. Color

WHITE

18. Age at time

25 yrs.

19. Birthplace

CLARKSTON

MICHIGAN

20. Exact Occupation

HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of California ss.
County of San Diego

AFFIDAVIT to be completed when attendant does not sign
in Item 25

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 72 years of age, that I have known this person for 47 years, and that

Dr. I. W. January, who attended this birth, is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 18 day of May, 1942

(SEAL)

A. M. Gabel

Notary Public, residing at San Diego Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. Commission Expires Feb. 21, 1943)

Received for filing on JUN 4 1942 by Mary F. Eder, Registrar.

JUN 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

213-1051007-269

347098

347098

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Soldier
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Parents Residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Soldier
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 13 yrs.
3. **RESIDENCE OF FATHER** (city, state) Soldier, Idaho

4. **FULL NAME OF CHILD.** Joan Halford Ballard
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) May 5, 1895
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Phillip Ballard
11. Color White 12. Age at time of THIS birth 51 yrs.
13. Birthplace Hancock County, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer & Saw Mill Operator
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Nancy Pernelia Boren,
17. Color White 18. Age at time of THIS birth 46 yrs.
19. Birthplace Pottawattamie Co., Iowa
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. Midwife Address Date
State of Idaho County of Camas ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother in Law of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 47 years, and that Mary Dallin, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John O Wardrop Signature
Fairfield, Idaho P. O. Address
Subscribed and sworn to before me this 5th day of June, 1942.
(SEAL) Frank Edwards Notary Public, residing at Fairfield, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 5, 1942 by Mabel E. Eder, Registrar.

JUN 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-1041 220-699

347133

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?..... yrs.

4. **FULL NAME OF CHILD** Edward Brooks Currey
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd ✓

3. **RESIDENCE OF FATHER** (city, state) Mountain Home, Idaho
5. Date of Birth of Child (Month, day, year) March 4, 1895
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Edward Coke Currey
11. Color or Race White 12. Age at time of THIS birth 49 yrs.
13. Birthplace New York (City or town) New York (State or foreign country)
14. Exact Occupation Newspaper & Mining
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Harriet Trevena Wright
17. Color or Race White 18. Age at time of THIS birth 38 yrs.
19. Birthplace Pleasant Grove (City or town) Iowa (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Iowa
County of Sioux } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 47 years, and that Dr. Smith, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mildred Currey Taylor Signature
Hawarden Iowa P. O. Address

Subscribed and sworn to before me this 18 day of May, 1947.
(SEAL) Clara B. Lage Notary Public, residing at Hawarden Ia.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1947 by Mary E. Allen, Registrar.

JUN 3

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

347228

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Spain
(c) Street Address or R.F.D. No. Unknown
(d) Name of Hospital or Maternity Home:
Farm House near Reagon Ida.
(e) Mother's stay **BEFORE** delivery:
IN THIS county 7 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. 8th & Garfield
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello Ida.

5. Date of Birth of Child
(Month, day, year) June 30, 1895.

4. FULL NAME OF CHILD Florence Stoker

6. Sex Female 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alfred William Stoker
11. Color White 12. Age at time of THIS birth 34 yrs.
13. Birthplace England
(City or town) (State or foreign country)
14. Exact Occupation Upholsterer
15. Industry or Business Oregon Short Line Ry

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Branson
17. Color White 18. Age at time of THIS birth 30 yrs.
19. Birthplace England
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Unknown
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at P M. on the date June 30, 1942 and at the place stated above, and that personal particulars were furnished by Nabel Stoker Holmes, who is related to this child as Sister (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 46 years, and that Unknown who attended this birth Unknown I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 27th day of June, 1942.
(SEAL) Mabel A. Holmes Signature
2008 Willis St., Montebello, Calif. P. O. Address
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Mary J. ... Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



693.1 04-007-866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347261**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years 2 months 28 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.

4. **FULL NAME OF CHILD** Orlando Wilde

3. **RESIDENCE OF FATHER** (city, state) Carey Idaho
5. Date of Birth of Child
(Month, day, year) 4th Nov 1895

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Emanuel Wilde
11. Color White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Coalville Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Anna Howard
17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Stelmusdale England
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Elizabeth Howard who is related to this child as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date
State of Idaho County of Blaine } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 46 years, and that Elizabeth Howard who attended this birth is now deceased I further state that (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emanuel Wilde Signature
Carey Idaho P. O. Address

Subscribed and sworn to before me this 29 day of May, 1943
(SEAL) W. H. Harrison Notary Public, residing at Carey, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Robert E. Fisher Registrar.

JUN 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

613-116-029-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347297**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Tatah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
IN THIS county 7 years 10 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Tatah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.

4. FULL NAME OF CHILD

ROY WALLACE

5. Date of Birth of Child

(Month, day, year) march 16 1895

6. Sex

male

7. Twin Or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Follen Henry Wallace
11. Color White 12. Age at time of THIS birth 48 yrs.
13. Birthplace unknown Virginia
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Elizabeth Parks
17. Color White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Hartlandstown W. Va.
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child.....5 (b) Born alive and now living.....5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Washington } ss.
County of Okanogan }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....sister.....of the person whose name appears in Item 4, above, that I am now.....57.....years of age, that I have known this person for.....47.....years, and that.....Mary Frances Bellamy....., who attended this birth.....is now deceased..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose O'Haherty

Okanogan, Washington.

Signature

P. O. Address

Subscribed and sworn to before me this 1st day of June, 1942.

(SEAL)

Am. Baues

Notary Public, residing at Okanogan, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942

by

Mary Frances Bellamy

Registrar.

JUN 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No. **347381**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Princeton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 56 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Princeton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 56 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Jess Lackner
5. Date of Birth of Child
(Month, day, year) May 8-1895
6. Sex M 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Daniel Lackner
11. Color white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Elmwood Ont. Canada
(City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Dora Catherine Bull
17. Color white 18. Age at time of THIS birth 21 yrs.
19. Birthplace St. Francis Minn
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN signature** M.D. Midwife Address Date

State of Idaho County of Kootenai } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 47 years, and that Catherine Mendenhall, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bora L. Lackner Signature
1719 Gov. Way. Coeur d'Alene, Idaho P. O. Address
Subscribed and sworn to before me this 29th day of May, 1942.
(SEAL) M. E. Mendenhall Notary Public, residing at Coeur d'Alene
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 4 1942 by [Signature] Registrar.

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

762-11801-762
JUN 9 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

347453

347453

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....

(e) Mother's stay BEFORE delivery:

IN THIS county 11 years 4 months days

4. FULL NAME
OF CHILD

Henry William Post

6. Sex

male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1503 State

(e) How long has MOTHER lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state)

deceased

5. Date of Birth of Child

(Month, day, year) Feb 18, 1895

8. No. months
of Pregnancy

9

9. Legitimate? yes

10. FULL
NAME

John Post

11. Color
or Race

white

12. Age at time
of THIS birth

45 yrs.

13. Birthplace

(City or town)

(State or foreign country)

14. Exact
Occupation

farmer

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN
NAME

Glorilla Elvira Adee Post

17. Color
or Race

white

18. Age at time
of THIS birth

32 yrs.

19. Birthplace

(City or town)

(State or foreign country)

20. Exact
Occupation

house wife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was midwifed M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of..... ss.
County of.....

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 79 years of age, that I have known this person for..... years, and that

....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

my commission expires
7-17-44

Subscribed and sworn to before me this 8th day of June, 19 42

(SEAL)

Glorilla Elvira Adee Post Signature
1503 State Boise, Idaho P. O. Address

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

JUN 9 1942

by

Mary E. Egan

Registrar.

JUN 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

347488

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Garfield
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 3 years 6 months 13 days

4. FULL NAME OF CHILD Iva Alwilda Hutson.

6. Sex female 7. Twin or Triplet # If so—born 1st, 2nd, 3rd #

FATHER OF CHILD

10. FULL NAME Walter Stoddard Hutson.
11. Color white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Renfrew Co., Canada
(City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. Garfield

(e) How long has MOTHER lived in Idaho? 3 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida

5. Date of Birth of Child
(Month, day, year) Jan, 18, 1895

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Almeda Terry
17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Ogden Utah.
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

none

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 2:00 P.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Walter Hutson, who is related to this child as father (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Walter Stoddard Hutson Midwife
Walter Stoddard Hutson Address Date

State of Idaho ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Idaho

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 47 years, and that Dr. Rader who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this June day of June, 1942
(SEAL) William H. Coff Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 6 1942 by Walter Stoddard Hutson Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266.102.014-249

347689

United States
Department of Commerce
Bureau of the Census

(Re sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City NAMPA
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
BORN AT HOME
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County Canyon
(c) City NAMPA
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?..... yrs.

3. RESIDENCE OF FATHER (city, state) NAMPA, IDAHO

5. Date of Birth of Child
(Month, day, year) September 2, 1895

4. FULL NAME OF CHILD GEORGE LESLIE BOWEN

6. Sex MALE 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy NINE 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME THOMAS WILLIAM BOWEN
11. Color WHITE 12. Age at time of THIS birth 31 yrs.
13. Birthplace KINGTON, HEREFORDSHIRE, ENGLAND
(City or town) (State or foreign country)
14. Exact Occupation PRESBYTERIAN MINISTER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY SMITH
17. Color WHITE 18. Age at time of THIS birth 38 yrs.
19. Birthplace LEETH, YORKSHIRE, ENGLAND
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of FLORIDA County of MANATEE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4 above, that I am now 81 years of age, that I have known this person for 44 years, and that DE - KOHLER, who attended this birth DECEASED I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas William Bowen Signature
2111-6 Ave., Bradenton, Florida P. O. Address

Subscribed and sworn to before me this 4th day of June, 1942
(SEAL) John W. Greening Notary Public, residing at Bradenton, Fla.

(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.) John W. Greening Notary Public, State of Florida at large.

Received for filing on JUN 8 1942 by M. P. H. 2, 1942 Registrar.

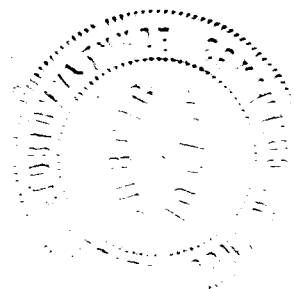
MAY 12 1959

JUN 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

347702

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Hauser Lake Jet.
(c) Street Address or R.F.D. No. Post Falls RFD #1
(d) Name of Hospital or Maternity Home:
At Home on The Farm
(e) Mother's stay BEFORE delivery:
IN THIS county 6 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Hauser Junction
(d) Street Address or R.F.D. No. Post Falls RFD #1
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Hauser Idaho

5. Date of Birth of Child
(Month, day, year) Sept. 25, 1895

4. FULL NAME
OF CHILD

IRVING ROBERT JENSEN

6. Sex Male

7. Twin or
Triplet

no

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL
NAME Christian Jensen
11. Color white 12. Age at time
or Race of THIS birth 42 yrs.
13. Birthplace Farm Denmark
(City or town) (State or foreign country)
14. Exact
Occupation Farmer
15. Industry or
Business Farming

MOTHER OF CHILD

16. FULL MAIDEN
NAME Lena Hansen
17. Color white 18. Age at time
or Race of THIS birth 34 yrs.
19. Birthplace Odense Denmark
(City or town) (State or foreign country)
20. Exact
Occupation Housewife
21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Washington } ss.
County of Spokane

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears
in Item 4, above, that I am now 57 years of age, that I have known this person for 46 years, and that

Mrs. Milt Barte who attended this birth Is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

James Lechman Jensen Signature
4223 Wall St. Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 11 day of May, 1942

(SEAL)

Alfred Hage Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUN 11 1942 by J. H. Hefner, Registrar.

APR 10 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1895
1853
42

72

1895
1884
21
1905
1895
1863
31
21
21
42
1889
1883

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

434-116-014-766

347754

347754

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: on farm near caldwell Idaho
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
3. **RESIDENCE OF FATHER** (city, state) Caldwell, Ida

4. **FULL NAME OF CHILD** John Fletcher McDougal
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child 12-16-95
(Month, day, year).....
8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD
10. **FULL NAME** Basil Holland McDougal
11. Color white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Farmington West Virginia
(City or town) (State or foreign country)
14. Exact Occupation merchant
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Laura Eva Coonrod
17. Color white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Kansas U S A
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's **OWN** signature [Signature] M.D. Midwife Address [Address] Date [Date]

State of Idaho
County of Valley ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 46 years, and that Mother Shuee, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

B.H. McDougal Signature
123 No 14th Ave, Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of June, 19 42
(SEAL) [Signature] Notary Public, residing at Donnelly Oda
(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1942 by Mary Elder Registrar.

JUN 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

253-202-003-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347866**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Marsh Valley
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
Post Office Damney, Idaho
(e) Mother's stay BEFORE delivery:
IN THIS county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Marsh Valley
(d) Street Address or R.F.D. No. P.O. Damney, Ida
(e) How long has MOTHER lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD

Nellie Marian Beckstead

5. Date of Birth of Child

(Month, day, year) April 2, 1895

6. Sex female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alexander Beckstead
11. Color White 12. Age at time
or Race of THIS birth 31 yrs.
13. Birthplace Brigham City, Utah
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara R. Christensen
17. Color White 18. Age at time
or Race of THIS birth 27 yrs.
19. Birthplace Brigham City, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Brigham

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears
in Item 4, above, that I am now 78 years of age, that I have known this person for 47 years, and that

Mrs. Ellen Bangor (First name) (Last name), who attended this birth is now deceased I further state that
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Alexander Beckstead Signature
Ashton, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of June, 1942.

(SEAL)

Roscoe Litton Notary Public, residing at St. Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1942 by Marj Keeler Registrar.

JUN 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

789-102-007-789

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

347986

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County... Blaine (b) City... Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Child was born at parents home
(e) Mother's stay **BEFORE** delivery: 15 years 15 months 15 days
IN THIS county

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State... Idaho (b) County... Blaine
(c) City... Carey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD**... Melvin Arnold Phippen

5. Date of Birth of Child
(Month, day, year) May 2, 1942

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME**... Almond Phippen
11. Color or Race... white 12. Age at time of THIS birth... 37 yrs.
13. Birthplace... Big Cottonwood Utah
(City or town) (State or foreign country)
14. Exact Occupation... Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME**... Nona Brim Phippen
17. Color or Race... white 18. Age at time of THIS birth... 29 yrs.
19. Birthplace... Coalville Utah
(City or town) (State or foreign country)
20. Exact Occupation... house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum...
23. Number of children of this mother: (a) At time of birth and including this child... 5 (b) Born alive and now living... yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was... at... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by... who is related to this child as...
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature... M.D. Midwife Address Date

State of... Idaho } ss.
County of... Blaine

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the... Sister of the person whose name appears in Item 4, above, that I am now... 54 years of age, that I have known this person for... 47 years, and that Elizabeth Howard (First name) (Last name), who attended this birth... Is now deceased (Is now deceased) or (Cannot be located). I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nona Phippen Brid Signature
Carey Blaine Co Idaho P. O. Address

Subscribed and sworn to before me this... 7/12 day of... January, 19...
(SEAL) W. H. Stewart Notary Public, residing at... Carey Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated.)
Received for filing on... JUN 12 1942 by... Mar 1 1942 Registrar.

JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

764-226 022-155

348080

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City Elgin
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Name
(e) Mother's stay BEFORE delivery:
IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City Elgin
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 10 yrs.

4. FULL NAME OF CHILD

Grace Fulford Tout M. Johnston

5. Date of Birth of Child

(Month, day, year) Feb. 26, 1935

6. Sex female

7. Twin or
Triplet No

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Tout
11. Color white 12. Age at time
or Race of THIS birth 47 yrs.
13. Birthplace Neath Wales
(City or town) (State or foreign country)
14. Exact
Occupation engineer
15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Jenkins
17. Color white 18. Age at time
or Race of THIS birth 37 yrs.
19. Birthplace Neath Wales
(City or town) (State or foreign country)
20. Exact
Occupation housewife
21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sorax Acid

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. Address Date
Midwife

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears
in Item 4, above, that I am now 61 years of age, that I have known this person for 47 years, and that
Bess Carson (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Catherine J. Hansen Signature
Idaho P. O. Address

Subscribed and sworn to before me this 13 day of June, 1942

(SEAL) Notary Public Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-614, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by Registrar

JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141-225044-213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **348129**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Washington** (b) City **Weiser**
(c) Street Address or R.F.D. No. **RFD**
(d) Name of Hospital or Maternity Home: **home**
(e) Mother's stay BEFORE delivery
IN THIS county **26** years **6** months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?.....yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Myrthel Adams

6. Sex **Female**

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9**

9. Legitimate? **yes**

5. Date of Birth of Child

(Month, day, year) **April 25, 1895**
(1895)

FATHER OF CHILD

10. FULL NAME **Dudley W. Adams**
11. Color **white** 12. Age at time of THIS birth **34** yrs.
13. Birthplace **Mt. Vernon, Illinois**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business **Farming**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Catherine Saling**
17. Color **white** 18. Age at time of THIS birth **26** yrs.
19. Birthplace **Midvale, Idaho**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business **Housewife, self**

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child **5** (b) Born alive and now living **4**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife

Address

Date

State of **Idaho**
County of **Washington** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Aunt** of the person whose name appears in Item 4, above, that I am now **68** years of age, that I have known this person for **47** years, and that **Doctor C. B. Shirley** is now deceased who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lora Michall
Weiser, Idaho

Signature
P. O. Address

Subscribed and sworn to before me this **12th** day of **June**, 19 **42**

(SEAL)

Notary Public, residing at **Weiser, Idaho**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on **JUN 13 1942** by **Mary E. Jones**, Registrar.

JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

519 226037613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

348389

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Idaho
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Idaho
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 48 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho, Idaho

4. **FULL NAME OF CHILD** Anneta Jane Varker
5. Date of Birth of Child (Month, day, year) Apr. 26, 1896
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** George Harry Varker
11. Color English 12. Age at time of THIS birth 34 yrs.
13. Birthplace Idaho, England
(City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Anna Walker
17. Color English 18. Age at time of THIS birth 30 yrs.
19. Birthplace Idaho, England
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
State of Idaho County of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 77 years, and that Dr. Jack Plummer who attended this birth deceased I further state that (Is now deceased) or (Cannot be located)
The facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Anna Varker Signature
9 Boise, Idaho P. O. Address
Subscribed and sworn to before me this 5th day of June, 1942
(SEAL) Edith M. Peterson Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

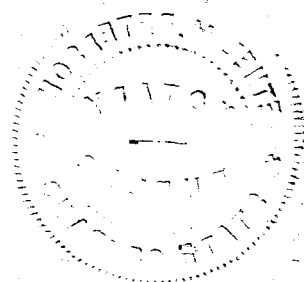
Received for filing on JUN 9 1942 by Mary J. B. B. Registrar.

JUL 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

551-227029 693

348491

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Avon
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City RFD - Avon
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 1 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Anna May Evans

5. Date of Birth of Child
(Month, day, year) July 27, 1895

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Horace Edwin Evans
11. Color white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Kansas
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Alice Wiley
17. Color white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Kansas
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum no
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears in Item 4, above, that I am now 22 years of age, that I have known this person for 4 1/2 years, and that Mrs Ida Smith who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Honey A. Arnold Signature
Johnson, Washington P. O. Address

Subscribed and sworn to before me this 2 day of May, 19 42
(SEAL) [Signature] Notary Public, residing at Johnson, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by Mary E. [Signature] Registrar.

JUN 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

294-221-045-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

348516
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Alturas (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) ~~Name of Hospital or Maternity Home:~~
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Alturas
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 16 yrs.

4. FULL NAME OF CHILD Jessie Beryl (Sims) Dabson
7. Twin or Triplet If so—born 1st, 2nd, 3rd
6. Sex female

3. RESIDENCE OF FATHER (city, state) Neb.
5. Date of Birth of Child (Month, day, year) Aug. 21-1895
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Charles K. Sims
11. Color or Race white 12. Age at time of THIS birth 36 yrs.
13. Birthplace Jefferson, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Stock Raiser
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Rosinda Melvina Marx
17. Color or Race white 18. Age at time of THIS birth 35 yrs.
19. Birthplace Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who wasatM. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date
State of Washington County of Spoکان } ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 32 years of age, that I have known this person for 47 years, and that D. B. Bault who attended this birth D. B. Bault I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 16 day of June 19 41
(SEAL) R. B. Bault Notary Public, residing at Spoکان, Wn.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Signature Charles K. Sims P. O. Address 524 So. Bernard, Spokane, Wn.

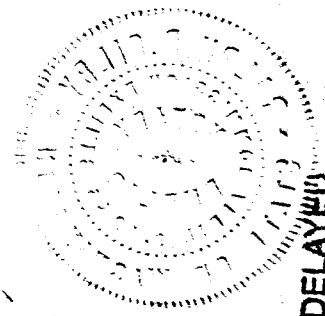
Received for filing on JUN 18 1942 by Mary E. Bault Registrar.

JUN 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

433-226-009 553

348547

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bonner (b) City Hope
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county — years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bonner
(c) City Hope
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 8 mo. yrs.

4. FULL NAME OF CHILD

Florence Edna McCaslin

5. Date of Birth of Child

(Month, day, year) Dec. 26 1895

6. Sex Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

- 10. FULL NAME** Hugh Francis McCaslin
11. Color White **12. Age at time**
or Race White **of THIS birth** 29 yrs.
13. Birthplace Chilton Wisconsin
(City or town) (State or foreign country)
14. Exact
Occupation Millwright
15. Industry or
Business

MOTHER OF CHILD

- 16. FULL MAIDEN NAME** Matilda Nelson
17. Color White **18. Age at time**
or Race White **of THIS birth** 22 yrs.
19. Birthplace Bjorka Sweden
(City or town) (State or foreign country)
20. Exact
Occupation Housewife
21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife Address

Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
in Item 4, above, that I am now 68 years of age, that I have known this person for 46 years, and that
me Manning who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 15 day of June, 19 42

(SEAL)

Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

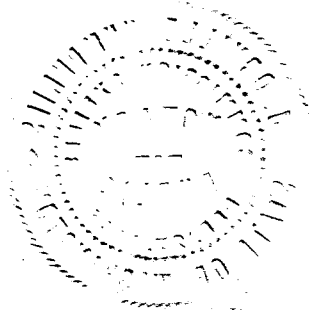
Received for filing on JUN 19 1942 by Registrar

JUN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County FREMONT (b) City ST. ANTHONY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years 1 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County FREMONT
(c) City ST. ANTHONY
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state) ST ANTHONY, IDA.

4. FULL NAME OF CHILD

GEORGE WILLIAM ADAMS

5. Date of Birth of Child

(Month, day, year) NOV. 21, 1895

6. Sex MALE

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOSEPH SAMUEL ADAMS

11. Color WHITE 12. Age at time
or Race of THIS birth 32 yrs.

13. Birthplace LONDON ENGLAND
(City or town) (State or foreign country)

14. Exact Occupation PRINTER

15. Industry or Business NEWSPAPER PUBLISHER

MOTHER OF CHILD

16. FULL MAIDEN NAME FRANCES ELISABETH COLE

17. Color WHITE 18. Age at time
or Race of THIS birth 21 yrs.

19. Birthplace SALT LAKE CITY, UTAH
(City or town) (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum:

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of California } ss.
County of Los Angeles

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears
in Item 4, above, that I am now 67 years of age, that I have known this person for 46 1/2 years, and that

DR. MIDDLETON, who attended this birth IS NOW DECEASED. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 22 day of June, 1945

(SEAL)

Notary Public, residing at Huntington Park, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) **G. A. BAKER**

Received for filing on JUN 18 1945 by Notary Public **NOTARY PUBLIC** and for the County
of Los Angeles, State of California.
My Commission Expires June 25 1945

JUN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

493-209 028-268

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **348568**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Kootenai** (b) City **Lake Creek**
(c) Street Address or R.F.D. No. **1**
(d) Name of Hospital or Maternity Home:
Born on Homestead
(e) Mother's stay BEFORE delivery:
IN THIS county / years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Kootenai**
(c) City **Lake Creek**
(d) Street Address or R.F.D. No. **1**
(e) How long has MOTHER lived in Idaho? **1** yrs.

4. FULL NAME OF CHILD

Freda Elizabeth Miller

6. Sex

Girl

7. Twin or Triplet

1

If so—born
1st, 2nd, 3rd **1**

8. No. months of Pregnancy

9

9. Legitimate?

Yes

10. FULL NAME

Jacob Frederick Miller

11. Color or Race

White

12. Age at time of THIS birth

35 yrs.

13. Birthplace

Stuttgart

(City or town) (State or foreign country) **Germany**

14. Exact Occupation

Farming

15. Industry or Business

Farming

16. FULL MAIDEN NAME

Rosine Kohlhommer

17. Color or Race

White

18. Age at time of THIS birth

34 yrs.

19. Birthplace

Selsingen

(City or town) (State or foreign country) **Germany**

20. Exact Occupation

Housewife

21. Industry or Business

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child

2

(b) Born alive and now living

Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's OWN signature

Idaho

M.D. Midwife

Address

Date

State of **Idaho** County of **Shoshone** ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4 above, that I am now **80** years of age, that I have known this person for **46** years, and that

midwife who attended this birth **cannot be located** further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **7th** day of **June**, 19**42**

(SEAL)

Rosine Miller Signature
Mullan Idaho P. O. Address

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **JUN 19 1942**

by **Maud H. Miller**

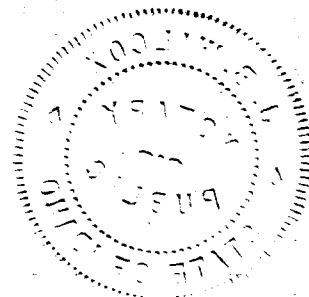
Registrar.

JUN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

641 120 020 631

348620

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Elmore (b) City Glenns Ferry
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Elmore
(c) City Glenns Ferry, Idaho
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 5 yrs.

4. FULL NAME OF CHILD

John Martin O'Malia

5. Date of Birth of Child Jan. 20, 1895
(Month, day, year)

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John O'Malia
11. Color White 12. Age at time of THIS birth 45 yrs.
13. Birthplace Co. Galway, Ireland
(City or town) (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business Union Pacific Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Theresa Flaherty
17. Color white 18. Age at time of THIS birth 29 yrs.
19. Birthplace Kilrush, Co. Claire Ireland
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 47 years, and that Dr. Baugh is now deceased, who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie T O'Malia Signature
Glenns Ferry, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of June
(SEAL) R. S. Halpern

Notary Public, residing at Glenns Ferry

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

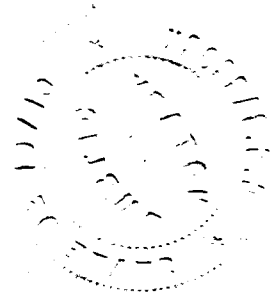
Received for filing on JUN 18 1942 by John S. Halpern Registrar.

JUL 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

231-225 037-268 UI.

United States
Department of Commerce
Bureau of the Census

26 1942 (Ensure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

349790

349790

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Owyhee (b) City DeLamar
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 4 years 6 month 10 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City DeLamar
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 47 yrs.
(f) Mother's mailing address DeLamar, Idaho
3. RESIDENCE OF FATHER (city, state):

4. FULL NAME OF CHILD Margaret Slattery
5. Date of Birth (Month, day, year) March 20, 1895
6. Sex Female 7. Twin or Triplet No 8. No. months of Pregnancy 9 9. Legitimate? yes
10. FULL NAME William Slattery
11. Color White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Clarksburg Mass
(City or town) (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business Mining

MOTHER OF CHILD
16. FULL MAIDEN NAME Nettie Sofgren
17. Color white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Jonkoping Sweden
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JUN 26 1942 (Date received) (b) Maui Fred (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Owyhee

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nettie Slattery, being first duly sworn, say that I am related to Margaret Slattery as her mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Plummer, who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 19th day of June, 1942
(SEAL) Trans Paul Burns Notary Public, residing at Boise, Idaho
Nettie Slattery Signature
2012 N. 10th St Boise Idaho P. O. Address

JUN 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

719-215025-285

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **349903**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Hazel Claire Parkes
6. Sex Feminine 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) Aug. 15, 1895
8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD
10. **FULL NAME** Edgar Harvey Parkes
11. Color white 12. Age at time of THIS birth 21 yrs.
13. Birthplace Wheeling, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Emily Shearer
17. Color White 18. Age at time of THIS birth 17 yrs.
19. Birthplace Pomeroy, Washington
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia-Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature [Signature] M.D. Midwife Address Date
State of Idaho County of Latah } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother's neighbor of the person whose name appears in Item 4, above, that I am now 65 plus years of age, that I have known this person for 46 plus years, and that Dr. Bibby, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Grasse Signature
Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of June, 1942
(SEAL) [Signature] Notary Public, residing at [Address]
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by [Signature] Registrar.

JUN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-124026632

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Jefferson (b) City Menan
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 20 years 0 months 0 days**4. FULL NAME OF CHILD**Leonard Douglas Harmison

7. Twin or

Triplet

If so—born

1st, 2nd 3rd6. Sex male**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)(a) State Idaho (b) County Jefferson(c) City Menan

(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 20 yrs.**3. RESIDENCE OF FATHER** (city, state) Menan, Idaho5. Date of Birth of Child
(Month, day, year) 4-24-18958. No. months
of Pregnancy9. Legitimate? yes**FATHER OF CHILD****10. FULL****NAME** James Joseph Harmison11. Color white 12. Age at time
or Race of THIS birth 22 yrs.13. Birthplace Cache, Utah
(City or town) (State or foreign country)14. Exact
Occupation farmer15. Industry or
Business**MOTHER OF CHILD****16. FULL MAIDEN****NAME** Carrie Elizabeth Olson17. Color white 18. Age at time
or Race of THIS birth 20 yrs.19. Birthplace.....
(City or town) (State or foreign country)20. Exact
Occupation house wife21. Industry or
Business22. Name prophylactic used to prevent Ophthalmia Neonatorum none23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1**ATTENDANT'S CERTIFICATE**24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)25. Attendant's
OWN signature**M.D.****Midwife****Address****Date**State of California ss.
County of Los Angeles**AFFIDAVIT** to be completed when the attendant does not sign
in Item 25.I, the undersigned, being first duly sworn, say that I am the uncle of the person whose name appears
in Item 4, above, that I am now 75 years of age, that I have known this person for 47 years, and thatMidwife attended name unknown attended this birth..... I further state that
(First name) (Last name) cannot be locatedthe facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.Glendora, California Signature
P. O. AddressSubscribed and sworn to before me this 6th day of June, 1942

(SEAL)

W. H. O. LantieriNotary Public, residing at Glendora, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 25 1942

by

M. H. Lantieri

Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

336-115 037-599

349924

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County NEZ PERCE (b) City LELAND
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County NEZ PERCE
(c) City LELAND
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO

4. FULL NAME OF CHILD SILVIE OLDF COOK

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 2nd

FATHER OF CHILD
10. FULL NAME THOMAS CLARENCE COOK

11. Color or Race WHITE 12. Age at time of THIS birth 36 yrs.
13. Birthplace MIDDLEBURY MO.
(City or town) (State or foreign country)

14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME EMMA ERICKSON

17. Color or Race WHITE 18. Age at time of THIS birth 22 yrs.
19. Birthplace SUNNE SWEDEN
(City or town) (State or foreign country)

20. Exact Occupation Nurse
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO County of LATAH } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....(Mother, etc.) or the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that.....(First name) (Last name), who attended this birth.....(Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 14th day of MAY, 1942
(SEAL) Notary Public, residing at KENDRICK

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....by....., Registrar.

APR 12 1960

JUN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

63977025 449
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

349961
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. Rt. # 2
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years 11 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. Rt. # 2
(e) How long has MOTHER lived in Idaho? 3 yrs.

4. FULL NAME OF CHILD

Joseph John Oliver

5. Date of Birth of Child

(Month, day, year) Apr. 17 1895

6. Sex Male

7. Twin or

Triplet No

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

John F. Oliver

11. Color

White

12. Age at time

of THIS birth 31 yrs.

13. Birthplace

Indiana

(City or town)

(State or foreign country)

14. Exact

Occupation

Farmer

15. Industry or

Business

Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME

Catherine Anne Murphy

17. Color

White

18. Age at time

of THIS birth 27 yrs.

19. Birthplace

Oregon

(City or town)

(State or foreign country)

20. Exact

Occupation

Housewife

21. Industry or

Business

✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum Name

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Idaho

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 74 years of age, that I have known this person for 47 years, and that

Marv Cambridge who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 22th day of June, 1942

(SEAL)

Opal Jense

Notary Public, residing at Grangeville Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires July 1st, 1944

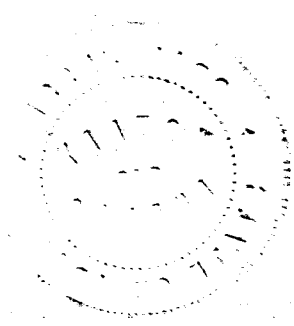
Received for filing on JUN 24 1942 by Opal Jense Registrar.

JUN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



62 4

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

753 221 029 982

350106

350106

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 845 E 7th St
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?..... yrs.

4. FULL NAME OF CHILD

Elmer Hildeborg Peterson

5. Date of Birth of Child
(Month, day, year) July 21, 1895

6. Sex Female 7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Victor Paul Peterson
11. Color White 12. Age at time of THIS birth 27 yrs.
13. Birthplace.....
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Ryberg
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace.....
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington ss.
County of Spoکانه

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for life years, and that Mr. Carithers, who attended this birth is now deceased, I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Olson Signature
324 East Ave, Spokane, Wn. P. O. Address

Subscribed and sworn to before me this 23rd day of June, 1942
(SEAL) Mary Olson Notary Public, residing at Spokane, Wn.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

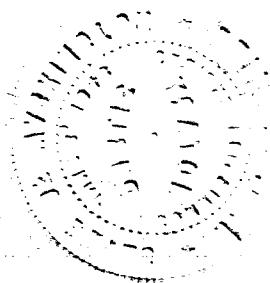
Received for filing on JUN 30 1942 by Mary E. Egan, Registrar.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

699 214001-719

350331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Inez Adeline Fritz</u> Twin or If is born Triplet 1st, 2nd, 3rd		3. RESIDENCE OF FATHER (city, state) <u>Boise, Idaho</u> Date of Birth of Child (Month, day, year) <u>Sept 14, 1895</u>	
6. Sex <u>Female</u>		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Edward Martin Fritz</u> 11. Color <u>White</u> 12. Age at time of THIS birth <u>40</u> yrs. 13. Birthplace <u>Reynolds, Ohio</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Painter</u> 15. Industry or Business <u>House painting</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Alpha Adeline Eastman</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>21</u> yrs. 19. Birthplace <u>Leamington, Penn.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature.....**M.D.**.....**Address**.....**Date**.....
Midwife

State of Idaho County of Lincoln } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 46 years, and that R. M. Springer who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Alpha Adeline Eastman Signature
P. O. Address

Subscribed and sworn to before me this 1st day of June, 1942.
(SEAL) H. H. Littlefield Notary Public, residing at Newport, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 30 1942 by Mary E. Peppers Registrar.

2.10.76
JUL 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>McCammon</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>6</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>McCammon</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>12</u> yrs.	
4. FULL NAME OF CHILD <u>ALANSON WILLIAM NORTON</u>		3. RESIDENCE OF FATHER (city, state) <u>McCammon, Ida</u> 5. Date of Birth of Child (Month, day, year) <u>Feb. 22, 1895</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>no</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>WILLIAM ANDREW NORTON</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>Coleville, Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>farmer and Salesman</u> 15. Industry or Business <u>Saleman</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>ANNETTE A. LISH</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>27</u> yrs. 19. Birthplace <u>Huntsville, Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>house wife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Midwife** _____ **Address** _____ **Date** _____
State of Utah County of Box Elder } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 47 years, and that Mary A. Goodenough, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

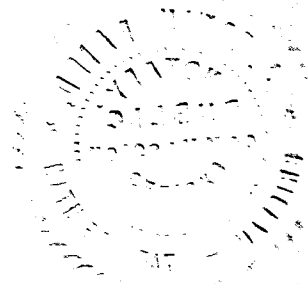
Mar. 17-1946
Subscribed and sworn to before me this 21 day of May, 1942.
(SEAL) [Signature] Notary Public, residing at Brigham City, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
[Signature] Registrar.

JUL 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

785 125 001 493

350514

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. 1st. & State St.
(d) Name of Hospital or Maternity Home:
Delivered at residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1st. & State Sts.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
3. RESIDENCE OF FATHER (city, state) Boise, Idaho.

4. FULL NAME OF CHILD EDWARD JOSEPH PHELPS

5. Date of Birth of Child
(Month, day, year) Apr. 25, 1895.

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Edward J. Phelps
11. Color White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Pittsburgh, Pennsylvania.
(City or town) (State or foreign country)
14. Exact Occupation Retired—formerly life insurance
15. Industry or Business Gen. Agt. Mutual Benefit Life

MOTHER OF CHILD

16. FULL MAIDEN NAME Eleanor Agnes Dickinson
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Fort Jones, California.
(City or town) (State or foreign country)
20. Exact Occupation Before marriage—School Teacher
21. Industry or Business Public Schools

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)
25. Attendant's OWN signature Dr. L. C. Bowers of Boise, Idaho who was attending physician is now dead.
M.D. Address Date
Midwife

State of California ss.
County of Santa Barbara

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 47 years, and that Dr. L. C. Bowers, who attended this birth is dead, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward J. Phelps Signature
222 West Sola St., Santa Barbara, Calif. P. O. Address
Subscribed and sworn to before me this 22nd day of June, 1942.
Blanca M. Wargent Notary Public, residing at Santa Barbara, Calif.
Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by Mary E. Fisher Registrar.

JUL 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

296-124007 719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **350535**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County BLAINE (b) City CAREY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 30 years 9 months 8 days

4. FULL NAME OF CHILD Lloyd George Brooks

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

6. Sex MALE

FATHER OF CHILD

10. FULL NAME JAMES EDWARD BROOKS
11. Color WHITE 12. Age at time
or Race WHITE of THIS birth 35 yrs.
13. Birthplace Fillmore Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County BLAINE
(c) City CAREY
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) CAREY IDAHO

5. Date of Birth of Child
(Month, day, year) SEPT. 24th 1895

8. No. months
of Pregnancy 9

9. Legitimate? yes!

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY EFFIE PARKER
17. Color WHITE 18. Age at time
or Race WHITE of THIS birth 30 yrs.
19. Birthplace Fillmore Utah
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of IDAHO } ss.
County of BLAINE

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears
in Item 4, above, that I am now 51 years of age, that I have known this person for 47 years, and that

Sarah Carey (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Ethel E. Richards Signature
Carey Idaho P. O. Address

Subscribed and sworn to before me this day of July, 1942

(SEAL)

W. P. Adams Notary Public, residing at Carey Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942

by M. E. Fisher Registrar.

JUL 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

944-214007-243

350548

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County BLAINE (b) City KETCHUM
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: CONFINEMENT AT HOME
(e) Mother's stay BEFORE delivery:
IN THIS county 11 years 4 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County BLAINE
(c) City KETCHUM
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho ABOUT 12 yrs.

3. RESIDENCE OF FATHER (city, state) KETCHUM, IDAHO

4. FULL NAME OF CHILD

ROXIE EMMA RUMEL

5. Date of Birth of Child

(Month, day, year) APRIL 14, 1895

6. Sex FEMALE 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME EDWARD C. RUMEL
11. Color WHITE 12. Age at time of THIS birth 53 yrs.
13. Birthplace SALT LAKE CITY, UTAH
(City or town) (State or foreign country)
14. Exact Occupation WHEELWRIGHT AND BLACKSMITH
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME BESSIE BUCKLEY
17. Color WHITE 18. Age at time of THIS birth 36 yrs.
19. Birthplace Oldham ENGLAND
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NOTHING

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho Blaine ss.
County of Blaine

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 47 years, and that Mrs. Fannie Newman who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Rumel McPheters Signature
1276 Geneva, San Francisco, Calif. P. O. Address

Subscribed and sworn to before me this 25 day of June, 1945
(SEAL) John J. Fisher Notary Public, residing at Salida City, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

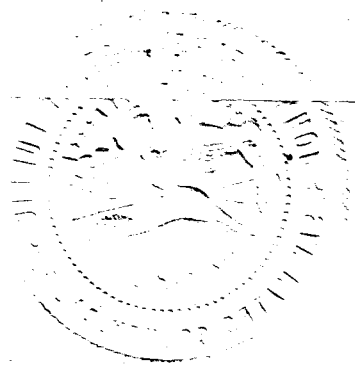
Received for filing on JUL 3 1942 by John J. Fisher Registrar.

JUL 7 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



313 203-006-299

350654

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. rural
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 15 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. rural

(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Idaho

4. FULL NAME OF CHILD

Laura LaLiberte Griffith

5. Date of Birth of Child
(Month, day, year)

Jan 3, 1895

6. Sex

female

7. Twin or Triplet

1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

Yes

FATHER OF CHILD

10. FULL NAME

Harper LaLiberte

11. Color or Race

White

12. Age at time of THIS birth

42 yrs.

13. Birthplace

Quebec

Canada

14. Exact Occupation

Farmer

15. Industry or Business

Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME

Clara Ann Birch

17. Color or Race

White

18. Age at time of THIS birth

32 yrs.

19. Birthplace

Salt Lake City Utah

20. Exact Occupation

home wife

21. Industry or Business

home wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 47 years, and that Unknown, who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Hauld Wilson Signature

12607 Venice Blvd, Venice, Calif. O. Address

Subscribed and sworn to before me this 30th day of

(SEAL)

Albert J. Clauford

Notary Public, residing at 12300 Venice Blvd

(Note: Perjury is punishable as a felony in Idaho; see Sec. 9-91A Idaho Code Annotated.)

Received for filing on JUL 6 1942

by Mabel E. Lohr Registrar.

JUL 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



569 124 036 258

350665

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

- | | |
|---|--|
| <p>1. PLACE OF BIRTH (All items at time of this birth)</p> <p>(a) County..... (b) City <u>Minicreek</u></p> <p>(c) Street Address or R.F.D. No.....</p> <p>(d) Name of Hospital or Maternity Home:
<u>born at home</u></p> <p>(e) Mother's stay BEFORE delivery:
<u>IN THIS county</u> <u>4</u> years <u>2</u> months <u>4</u> days</p> | <p>2. USUAL RESIDENCE OF MOTHER (At time of this birth)</p> <p>(a) State <u>Idaho</u> (b) County.....</p> <p>(c) City <u>Minicreek</u></p> <p>(d) Street Address or R.F.D. No.....</p> <p>(e) How long has MOTHER lived in Idaho? <u>2</u> yrs.</p> |
|---|--|

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD HAROLD WALTER NOREGAARD

5. Date of Birth of Child (Month, day, year) Feb. 24, 1895

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 5th 8. No. months of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD

- 10. FULL NAME** Jens Noregaard
- 11. Color or Race** White **12. Age at time of THIS birth** 50 yrs.
- 13. Birthplace** Eals Jutland, Denmark
(City or town) (State or foreign country)
- 14. Exact Occupation** Shoemaker
- 15. Industry or Business** Shoe

MOTHER OF CHILD

- 16. FULL MAIDEN NAME** Henrietta Christine Behrmann
- 17. Color or Race** White **18. Age at time of THIS birth** 33 yrs.
- 19. Birthplace** Copenhagen Denmark
(City or town) (State or foreign country)
- 20. Exact Occupation** Housewife
- 21. Industry or Business** Business

- 22. Name prophylactic used to prevent Ophthalmia Neonatorum** none
- 23. Number of children of this mother:** (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of.....Oregon.....County of.....Baker.....} ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now.....80.....years of age, that I have known this person for.....47.....years, and that I do not remember the name....., who attended this birth but she is now dead.....I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Henrietta Noregaard Signature
330 Resort St. Baker, Oregon P. O. Address

Subscribed and sworn to before me this 4th day of July, 1942

(SEAL) Notary Public, residing at Baker, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) com. exp. 10/10/44

Received for filing on JUL 6 1942 by....., Registrar.

JAN 17 1964

JUL 9 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-116-044-437
JUL 13 1942

350808

350808

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address:

3. RESIDENCE of FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Joe Grimmitt
5. Date of Birth (Month, day year) May 16 - 1895
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD MOTHER OF CHILD
10. FULL NAME William Pierce Grimmitt 16. FULL MAIDEN NAME Viola M. Phee
11. Color White 12. Age at time of THIS birth 30 yrs. 17. Color White 18. Age at time of THIS birth 27 yrs.
13. Birthplace Umatilla Oregon (City or town) (State or foreign country) 19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer 20. Exact Occupation Housewife
15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

26. (a) JUL 13 1942 (Date received) (Mother, etc.)
25. Attendant's OWN signature. M.D. (D.O., Midwife, etc.)
27. Given name added on by and address
(Registrar's signature) Date

State of Washington } ss.
County of Idaho

I, W. P. Grimmitt, being first duly sworn, say that I am related to
Joe Grimmitt as Father
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ross, Midwife, who attended
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

W. P. Grimmitt Signature
617 East Court St., Weiser, Idaho P. O. Address
Subscribed and sworn to before me on this 29th day of June, 1942
(SEAL) Joe S. Gallagher Notary Public, residing at Weiser Idaho

JUL 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

350873

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Blaine (b) City Boniford
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 10 years 4 months 5 days**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State Idaho (b) County Blaine
(c) City Boniford
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 53 yrs.**3. RESIDENCE OF FATHER** (city, state) Boniford Idaho**4. FULL NAME OF CHILD** Margaret Helen Vancil

7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

10. FULL NAME OF FATHER OF CHILD Eli Laffette Vancil

11. Color white 12. Age at time of THIS birth 46 yrs.
13. Birthplace Springfield, Ill. (City or town) (State or foreign country)

14. Exact Occupation Mechanical Engineer
15. Industry or Business Head County Office

MOTHER OF CHILD**16. FULL MAIDEN NAME** Temperance Hurby

17. Color white 18. Age at time of THIS birth 30 yrs.
19. Birthplace London, Mass. (City or town) (State or foreign country)

20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6**ATTENDANT'S CERTIFICATE**24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Idaho M.D. Midwife Address Date

State of Idaho County of Blaine ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4 above, that I am now 46 years of age, that I have known this person for 10 years, and that

Jane (First name) Stettin (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 79th day of July, 1943

(SEAL)

Notary Public, residing at Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated)

Received for filing on JUL 11 1942 by Mary E. McGee Registrar.

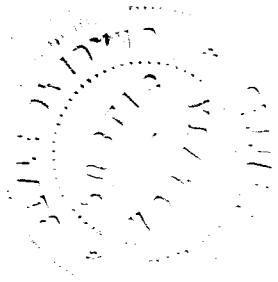
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

967-209-007-137

350980

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Blaine</u> (b) City <u>Bellevue</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: <u>18</u> years <u>11</u> months <u>20</u> days IN THIS county		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bellevue</u> (c) City <u>Bellevue</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>21</u> yrs.	
4. FULL NAME OF CHILD <u>Katie Maude Rogers</u>		3. RESIDENCE OF FATHER (city, state) <u>Bellevue Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>March 9, 1895</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>None</u>	If so—born 1st, 2nd, 3rd <u>None</u>	8. No. months of Pregnancy <u>9</u>
FATHER OF CHILD 10. FULL NAME <u>James Madison Rogers</u> 11. Color <u>White</u> 12. Age at time of THIS birth <u>25</u> yrs. 13. Birthplace <u>Montauk, Missouri</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Laborer</u> 15. Industry or Business <u>None</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Minnie Bird Allen</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>None</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Not known</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature.....M.D. Midwife Address.....Date.....

State of Idaho ss.
County of Twin Falls

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears in Item 4, above, that I am now.....73.....years of age, that I have known this person for.....47.....years, and that.....is now deceased.....I further state that.....(Is now deceased) or (Cannot be located)
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature.....
Buhl, Idaho.....P. O. Address.....

Subscribed and sworn to before me this 10 day of July, 1942.
(SEAL).....Notary Public, residing at Buhl, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

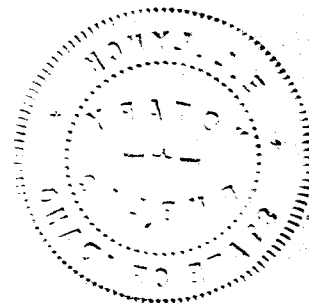
Received for filing on JUL 13 1942 by Mabel E. Rogers, Registrar.

JUL 14 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



291-129-022-235

351093

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Fremont</u> (b) City <u>Menan</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>Menan</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Harry Lyle Bramwell</u>		3. RESIDENCE OF FATHER (city, state) <u>Menan, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>12-29-1895</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>Triplet</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>Nine</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Harry Adolphus Bramwell</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>29</u> yrs. 13. Birthplace <u>England</u> (City or town) (State or foreign country) 14. Exact Occupation <u>owner of store</u> 15. Industry or Business <u>General Mdse.</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Sarah Amina Stephens</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>20</u> yrs. 19. Birthplace <u>Ogden</u> <u>Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business <u>-</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
 23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as
 (First name) (Last name)
 (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California County of San Francisco } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 67 years of age, that I have known this person for 46 years, and that Dr. Baugh who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission expires January 1, 1943

Subscribed and sworn to before me this 10 day of July, 1942
 (SEAL) W. B. B. B. Notary Public, residing at San Francisco

(Note: Perjury is punishable as felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

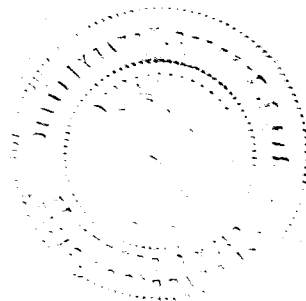
Received for filing on JUL 13 1942 by Mary E. B. B. Registrar.

JUL 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



685-226023613

352337

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Gem (b) City Falk's Store
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Falk's Store
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 56 yrs.

4. **FULL NAME OF CHILD** Nellie Florence Whelchel (Last name)

5. Date of Birth of Child
(Month, day, year) Oct. 26, 1895

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Whelchel
11. Color White 12. Age at time of THIS birth 46 yrs.
13. Birthplace Madison County Indiana
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irena Mellisa Walton
17. Color white 18. Age at time of THIS birth 39 yrs.
19. Birthplace Prairie City, Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 7 p.m. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Irena M. Walton Whelchel who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature Helen Walton King Midwife Address New Plymouth Idaho Date July 2nd 1942

State of Idaho County of Carson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that

....., who attended this birth..... I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this 2nd day of July, 1942
(SEAL) Jim Lyle Notary Public, residing at Caldwell Idaho

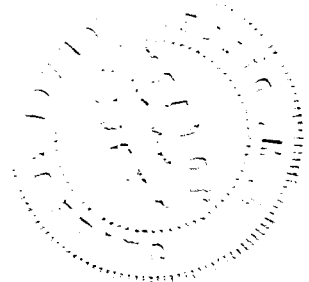
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)
Received for filing on JUL 18 1942 by Mary E. Keen Registrar.

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only **BLACK Ink or BLACK** Record typewriter ribbon in completing this certificate. Mail **COMPLETED** certificate in envelope bearing **FIRST-CLASS** postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

352480

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? Eight yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg, Idaho

5. Date of Birth of Child
(Month, day, year) August 21, 1895

4. FULL NAME OF CHILD James Earrell Ricks

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Ricks
11. Color white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Logan, Utah
(City or town) (State or foreign country)
14. Exact Occupation Miller
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Loretta Hannah Arrowsmith
17. Color white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Randolph, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California }
County of Los Angeles } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 58 yrs years of age, that I have known this person for all life years, and that Magdalena Walz who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leonora Arrowsmith Nibley Signature
813 New York St. Long Beach, Calif. P. O. Address

Subscribed and sworn to before me this 16th day of July, 19 42
Perne Criswell Notary Public, residing at Long Beach, Calif.
(SEEM) April 22, 1945 Commission Expires April 22, 1945

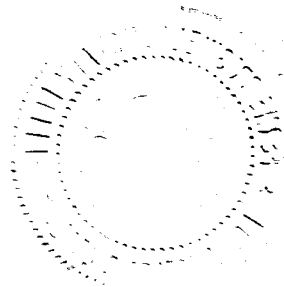
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code.)
Received for filing on JUL 21 1942 by Mary E. Lister Registrar.

JUL 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

269 130 029 632

352520

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has MOTHER lived in Idaho? 2 yrs.
3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Clarence Oliver Bergen

5. Date of Birth of Child
(Month, day, year) April 30, 1895

6. Sex Male 7. Twin or Triplet x If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Amund Bergen
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Norway
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

16. FULL MAIDEN NAME Katherine Margaret Olson
17. Color White 18. Age at time of THIS birth about 33 yrs.
19. Birthplace Northfield, Minn.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Idaho
State of.....County of Latah } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 47 years, and that The General Doctor, who attended this birth has now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia L. Smith Signature
403 N. Washington St. Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of July, 1942.

(SEAL) E. B. Thompson Notary Public, residing at Moscow, Idaho.
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

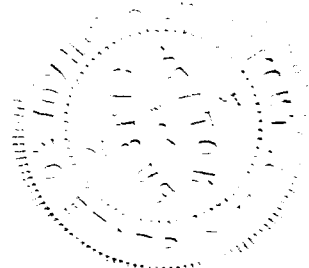
Received for filing on JUL 22 1942 by M. J. [Signature] Registrar.

JUL 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



294 115 008 693

352569

352569

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

- | | |
|---|---|
| <p>1. PLACE OF BIRTH (All items at time of this birth)</p> <p>(a) County... <u>Boise</u>..... (b) City... <u>Van Wick</u>.....</p> <p>(c) Street Address or R.F.D. No.....</p> <p>(d) Name of Hospital or Maternity Home:
.....
<u>At Home</u>.....</p> <p>(e) Mother's stay BEFORE delivery:
IN THIS county years months days</p> | <p>2. USUAL RESIDENCE OF MOTHER (At time of this birth)</p> <p>(a) State... <u>Idaho</u>..... (b) County... <u>Boise</u>.....</p> <p>(c) City... <u>Van Wick</u>.....</p> <p>(d) Street Address or R.F.D. No.....</p> <p>(e) How long has MOTHER lived in Idaho?..... <u>10</u>.....yrs.</p> |
|---|---|

3. RESIDENCE OF FATHER (city, state) Van Wick, Ida.

4. FULL NAME OF CHILD..... John Witchey Kimball.....

5. Date of Birth of Child (Month, day, year)..... Nov. 15, 1895.....

6. Sex Male **7. Twin or Triplet** Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy **9. Legitimate? Yes**

- | | |
|--|--|
| <p>FATHER OF CHILD</p> <p>10. FULL NAME..... <u>Levi Silas Kimball</u>.....</p> <p>11. Color..... <u>white</u>..... 12. Age at time..... <u>43</u>.....yrs.
or Race..... of THIS birth.....</p> <p>13. Birthplace..... <u>Ohio</u>.....
(City or town) (State or foreign country)</p> <p>14. Exact Occupation..... <u>Farmer</u>.....</p> <p>15. Industry or Business.....</p> | <p>MOTHER OF CHILD</p> <p>16. FULL MAIDEN NAME..... <u>Emma Annette Witchey</u>.....</p> <p>17. Color..... <u>wh</u>..... 18. Age at time..... <u>38</u>.....yrs.
or Race..... of THIS birth.....</p> <p>19. Birthplace..... <u>Wisconsin</u>.....
(City or town) (State or foreign country)</p> <p>20. Exact Occupation..... <u>Housewife</u>.....</p> <p>21. Industry or Business.....</p> |
|--|--|

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child... 10... (b) Born alive and now living... 10...

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by..... Della Kimball Mann....., who is
related to this child as..... Older Sister.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature..... Sola Cross Van Wick..... **Midwife** **Address**..... R 1 Boise **Date**..... July 28-42

State of..... Idaho..... **ss.** **AFFIDAVIT** to be completed when the attendant does not sign
County of..... Ada..... **in Item 25.**

I, the undersigned, being first duly sworn, say that I am the..... Older sister..... of the person whose name appears
(Mother, etc.)

in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that
....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on..... July 29, 1942..... by..... Mary J. Selger....., Registrar.

JUL 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

454-222014 449

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

352618
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Idaho

**4. FULL NAME
OF CHILD**

Hazel Vronney Dement

5. Date of Birth of Child
(Month, day, year) Feb. 22, 1895

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George W. Dement
11. Color White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lou Ella Murry
17. Color White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho ss.
County of Canyon

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 47 years, and that Mrs. McCullom, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bayne F. Murry Signature
Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of July, 1942.

(SEAL) Jim Hill Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 22 1942 by Marj E. Egan Registrar.

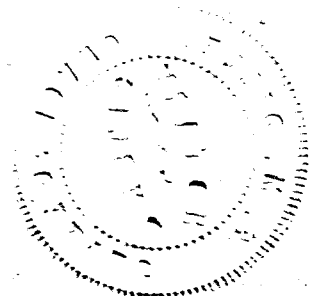
10565

JUL 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK INK on BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

695-214029 386

352672

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Linden (P.O.)
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County LATAH
(c) City LINDEN
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

3. RESIDENCE OF FATHER (city, state) Idaho
5. Date of Birth of Child
(Month, day, year) NOV. 14, 1895

4. FULL NAME OF CHILD AGNES H. FREDRICKSON

6. Sex Female 7. Twin or Triplet --- If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy --- 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME FRED FREDRICKSON
11. Color WHITE 12. Age at time of THIS birth yrs.
13. Birthplace SWEDEN
(City or town) (State or foreign country)
14. Exact Occupation FARMER & CARPENTER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ANNA THOMPSON
17. Color WHITE 18. Age at time of THIS birth yrs.
19. Birthplace NORWAY
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 46+ years, and that....., who attended this birth..... I further state that.....
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

Nela J. Penning Signature
1713 - Boylston Ave., Seattle, Wash. P. O. Address
Subscribed and sworn to before me this 30th day of May, 1942
(SEAL) Naomi E. Helal Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

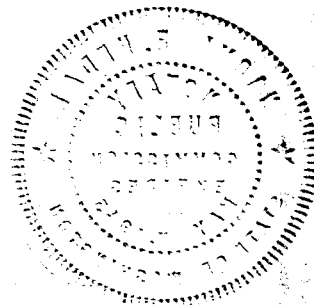
Received for filing on JUL 23 1942 by Mabel E. [Signature] Registrar.

JUL 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



297 109 009-942

352688

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bonner (b) City Near Town of
(c) Street Address or R.F.D. No. Clarke fork
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county three months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bonner
(c) City near Town Clarke fork
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Martin Bixel, Jr.

5. Date of Birth of Child
(Month, day, year) 3-9-95

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 11 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Martin N. Bixel
11. Color white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Balgay, France
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Rusch
17. Color white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Ensisheim, France
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO County of BONNER } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the neighbor of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 47 years, and that Martin N. Bixel, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clarence Reed Signature
Clarkfork Idaho P. O. Address

Subscribed and sworn to before me this 25th day of April, 1942
(SEAL) Clarence Reed Notary Public, residing at Clark Fork, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) comm. Apr 21/1945

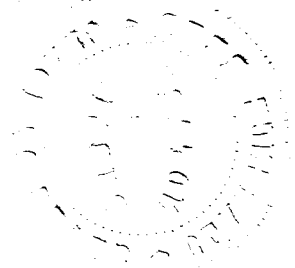
Received for filing on JUL 15 1942 by Registrar.

JUL 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



294 117 009 / 349

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **352794**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonne (b) City Priest River
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
In the Home of the family
(e) Mother's stay BEFORE delivery:
IN THIS county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonne
(c) City Priest River
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Harry Stanley Simons

5. Date of Birth of Child
(Month, day, year) Oct. 17, 1895

6. Sex M **7. Twin or** Triplet **If so—born**
1st, 2nd, 3rd

8. No. months 0 **9. Legitimate?** Yes
of Pregnancy

FATHER OF CHILD

10. FULL NAME Harry Simons
11. Color W **12. Age at time**
or Race W **of THIS birth** 50 yrs.
13. Birthplace Iowa
(City or town) (State or foreign country)
14. Exact Occupation Deputy Sheriff
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Maggie Curran
17. Color White **18. Age at time**
or Race White **of THIS birth** 42 yrs.
19. Birthplace Clairmont Iowa
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
Attendant Dead
and at the place stated above, and that personal particulars were furnished by Jessie Porter, who is
related to this child as Half Sister
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature Deceased **M.D.** **Midwife** **Address** **Date**

State of Ohio **County of** Van Wert } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Half Sister of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for 47 years, and that Ira Limley, who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 6th day of July, 1942.
(SEAL) M. W. M. Simon Notary Public, residing at Van Wert Ohio.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 25 1942 by Mary E. Fisher Registrar.

JUL 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 33, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

469 227022 493

352801

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: HOMEC.
(e) Mother's stay BEFORE delivery:
IN THIS county 7 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 7 yrs.

4. FULL NAME OF CHILD Jeanette Ellen Moreton

5. Date of Birth of Child
(Month, day, year) July 27 - 1935

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Chretor Boys Moreton
11. Color wh 12. Age at time of THIS birth 37 yrs.
13. Birthplace Salt Lake City Utah
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza MacMillian
17. Color wh 18. Age at time of THIS birth 37 yrs.
19. Birthplace Haddington Scotland
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Eliza Moreton who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Dr. Woodburn M.D. Deceased Date.....
Midwife Address

State of Idaho County of Blaine ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....MOTHER.....of the person whose name appears in Item 4, above, that I am now.....33.....years of age, that I have known this person for.....47.....years, and that Dr. Woodburn.....who attended this birth.....Deceased.....I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this.....6.....day of.....July.....1942
(SEAL) Bertie R. Eldridge Notary Public, residing at.....1441 67th St
(Note: Perjury is punishable as a felony in Idaho; see Sec. 14-914, Idaho Code Annotated.) Larry Beach City

Received for filing on.....Aug 29 1942.....by.....Marl. H. Hefner.....Registrar.

JUL 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352937
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Ida.

5. Date of Birth of Child
(Month, day, year) May 10, 1895

4. FULL NAME OF CHILD Mildred Dorothy Behle

6. Sex female 7. Twin or Triplet --- If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME William Henry Behle
11. Color white 12. Age at time of THIS birth 53 yrs.
13. Birthplace Westphalen, Prussia
(City or town) (State or foreign country)
14. Exact Occupation Physician and Surgeon
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Bantly
17. Color white 18. Age at time of THIS birth 37 yrs.
19. Birthplace Dubuque, Iowa
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum --
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was -- at -- M. on the date --
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by --, who is related to this child as --
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature -- M.D. -- Address -- Date --
State of Idaho County of Canyon } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 47 years, and that Dr. William Henry Behle, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Behle Signature
316- 8th Ave So., Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of July, 1942
(SEAL) Shunk Williams Notary Public, residing at Nampa, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

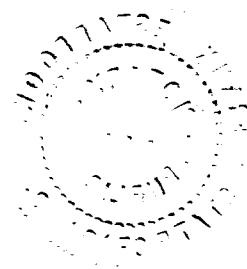
Received for filing on JUL 31 1942 by Mary Behle, Registrar.

11-15-05
AUG 4, 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

281-218052-213

352967

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
In mother's home
(e) Mother's stay BEFORE delivery:
IN THIS county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Council, Ida

4. FULL NAME OF CHILD Lila Minnie Shaw

5. Date of Birth of Child
(Month, day, year) Dec. 18, 1895

6. Sex White 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Ben Shaw

16. FULL MAIDEN NAME Catherine Rebecca Bacus

11. Color or Race White 12. Age at time of THIS birth 29 yrs.

17. Color or Race White 18. Age at time of THIS birth 23 yrs.

13. Birthplace Mondamin Iowa
(City or town) (State or foreign country)

19. Birthplace Howland Mo.
(City or town) (State or foreign country)

14. Exact Occupation Farmer

20. Exact Occupation Housewife

15. Industry or Business

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 47 years, and that Mrs. Sam Woods who attended this birth cannot be located I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter-139, 1937 Session Laws.

Catherine Rebecca Austin Signature

..... P. O. Address

Subscribed and sworn to before me this 29th day of July 19 42

(SEAL) C. S. Woodward Notary Public, residing at Neuhaus, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 31 1942 by J. H. ... Registrar.

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES FEB 28 1944

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
IN THIS county - years 8 months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Mt. Home, Idaho

4. FULL NAME OF CHILD

Florade Watkins

5. Date of Birth of Child

(Month, day, year) Dec. 20, 1895

6. Sex

F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME

Archibald Dickinson Watkins

16. FULL MAIDEN NAME

Edna May Burnet

11. Color or Race

White

12. Age at time of THIS birth

29 yrs.

17. Color or Race

White

18. Age at time of THIS birth

19 yrs.

13. Birthplace

Harrison, Boone County, Arkansas
(City or town) (State or foreign country)

19. Birthplace

Shenandoah, Page County, Iowa
(City or town) (State or foreign country)

14. Exact Occupation

Foreman

20. Exact Occupation

Housewife

15. Industry or Business

Sheep

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife Address

Date

State of Idaho }
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 46 years, and that Edna Carlin (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna May Staudacher
Signature

Eagle, Idaho

P. O. Address

Subscribed and sworn to before me this 25th day of July

1942

(SEAL)

Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 4 - 1942

by Maud E. Eder, Registrar.

JAN 21 1947

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

433-12135 8573 353036 353036

United States AUG 17 1942 (Be sure the information is as of date of birth of THIS child) State File No. 353036
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperce (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Laurence Marion McCoy 5. Date of Birth of Child (Month, day, year) Sept 21, 1895
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Alfred D. McCoy 16. FULL MAIDEN NAME Emma Kalmis
11. Color or Race White 12. Age at time of THIS birth 40 yrs. 17. Color or Race White 18. Age at time of THIS birth 31 yrs.
13. Birthplace Sheridan Iowa (City or town) (State or foreign country) 19. Birthplace Santa Rosa Calif (City or town) (State or foreign country)
14. Exact Occupation Farmer 20. Exact Occupation House wife
15. Industry or Business

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 20 M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Lusie Chandler, who is related to this child as Aunt (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature Lusie Chandler M.D. Midwife Address Patux Idaho Date August 15

State of _____ County of _____ } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

_____. Signature
_____. P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL) _____ Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1942 by Maud E Elder, Registrar.

180878
AUG 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>ALTURAS</u> (b) City <u>HAILEY</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county <u>13</u> years <u>7</u> months <u>28</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>ALTURAS</u> (c) City <u>HAILEY</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>12</u> yrs.	
4. FULL NAME OF CHILD <u>PETER QUIGLEY JOHN REARDON</u>		5. Date of Birth of Child (Month, day, year) <u>JUNE 18, 1945</u>	
6. Sex <u>MALE</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet _____		9. Legitimate? <u>YES</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>DANIEL REARDON</u>		16. FULL MAIDEN NAME <u>MARY CATHERINE QUIGLEY</u>	
11. Color or Race <u>WHITE</u>		17. Color or Race <u>WHITE</u>	
12. Age at time of THIS birth <u>33</u> yrs.		18. Age at time of THIS birth _____ yrs.	
13. Birthplace <u>KILNAMARTYRA, Co. CORN. IRELAND</u> (City or town) (State or foreign country)		19. Birthplace <u>GLASGOW SCOTLAND</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>FARMER</u>		20. Exact Occupation <u>HOUSEWIFE</u>	
15. Industry or Business _____		21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of California } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

County of Ventura }

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 47 years, and that ANN MARIA QUIGLEY (First name) (Last name), who attended this birth, IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary C Reardon Signature

Rt. 2, Epi. California P. O. Address

Subscribed and sworn to before me this 28th day of July, 1942

(SEAL) William D. Boone Notary Public, residing at Epi. Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, 1945)

Received for filing on JUL 31 1942 by Maud E. [unclear] Registrar.

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449 104 040-251

353117

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Shoshone</u> (b) City <u>Wallace</u> (c) Street Address or R.F.D. No. <u>6th Street</u> (d) Name of Hospital or Maternity Home: <u>6th Street</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>5</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Shoshone</u> (c) City <u>Wallace</u> (d) Street Address or R.F.D. No. <u>6th Street</u> (e) How long has MOTHER lived in Idaho? <u>5</u> yrs.	
4. FULL NAME OF CHILD <u>Alexander Muir Jr.</u>		3. RESIDENCE OF FATHER (city, state) <u>Wallace Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>April 4th 1895</u>	
6. Sex <u>Male</u>		7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy <u>9 mo.</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Alexander Muir Sr.</u> 11. Color <u>White</u> 12. Age at time of THIS birth <u>36</u> yrs. 13. Birthplace <u>Glasgow Scotland</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Baker & Grocerman</u> 15. Industry or Business <u>For self.</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Margaret Agnes Beattie</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>32</u> yrs. 19. Birthplace <u>Haverick Scotland</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
 23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 8 P. M. on the date (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Margaret A. Muir, who is related to this child as mother (First name) (Last name)
 (Mother, etc.)

25. Attendant's
 OWN signature M.D. Midwife Address Date

State of California County of Los Angeles } ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 29 years of age, that I have known this person for 47 years, and that Dr. W. Van Zandt who attended this birth is now deceased further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret A. Muir Signature
1701 Hollywood California O. Address

Subscribed and sworn to before me this 30 day of July 1943
 (SEAL) Asaphine Notary Public, residing at 1701 Hollywood Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires 2/15/1943

Received for filing on AUG 1 1942 by Margaret A. Muir Registrar.

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

619 216 025 -255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

353199
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Grangeville</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county <u>19</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Grangeville</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>19</u> yrs	
4. FULL NAME OF CHILD <u>Sara Myrtle Farris</u>		3. RESIDENCE OF FATHER (city, state) <u>Grangeville, Idaho</u>	
6. Sex <u>Female</u>		5. Date of Birth of Child (Month, day, year) <u>9-16-1895</u>	
7. Twin or Triplet _____		8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>Yes</u>			
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Major Thomas Farris</u>		16. FULL MAIDEN NAME <u>Belena Benoy</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>27</u> yrs.		18. Age at time of THIS birth <u>19</u> yrs.	
13. Birthplace (City or town) <u>Maple</u> (State or foreign country) <u>Idaho</u>		19. Birthplace (City or town) <u>Grangeville</u> (State or foreign country) <u>Idaho</u>	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business _____		21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Midwife _____ Address _____ Date _____
State of Idaho County of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for since birth years, and that Dr. Benoit who attended this birth _____ I further state that _____ (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 25 day of July 1942
(SEAL) Raymond E. Smith Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Signature _____ P. O. Address _____

Received for filing on AUG 4 1942 by Maud E. Fisher Registrar.

66185
AUG 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389 221-040-299

353209

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Shoshone</u> (b) City <u>Shoshone</u> (c) Street Address or R.F.D. No. <u>---</u> (d) Name of Hospital or Maternity Home: <u>own home</u> (e) Mother's stay BEFORE delivery: IN THIS county 19 years 10 months 21 days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Shoshone</u> (c) City <u>Shoshone</u> (d) Street Address or R.F.D. No. <u>---</u> (e) How long has MOTHER lived in Idaho? <u>19</u> yrs.	
4. FULL NAME OF CHILD <u>Lillie Emma Chriswell</u>		3. RESIDENCE OF FATHER (city, state) <u>Shoshone, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>8-21-1895</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>No</u>	If so—born 1st, 2nd, 3rd <u>--</u>	8. No. months of Pregnancy <u>9</u>
FATHER OF CHILD 10. FULL NAME <u>Nelson Chriswell</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>Missouri</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farming</u> 15. Industry or Business <u>Farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Francis Nancy Briggs</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>19</u> yrs. 19. Birthplace <u>Boise, Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Housewife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>bichloride solution & silver nitrate</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>10</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as
 (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN signature** **M.D.** **Address** **Date**
 State of Idaho **ss.**
 County of Bannock
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now 6.6 years of age, that I have known this person for 4.6 years, and that M. Mary Chriswell who attended this birth I further state that
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Francis dang Chriswell Signature
Idaho Falls - General delivery P. O. Address
 Subscribed and sworn to before me this 3rd day of August, 1942.
 (SEAL) [Signature] Notary Public, residing at Idaho Falls, Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 5 1942 by Mary E. Eder Registrar.

AUG 7

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order, or coin.

314 126-040-355

353319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Shoshone** (b) City **Wardner**
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
None
(e) Mother's stay **BEFORE** delivery:
IN THIS county **7** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Shoshone**
(c) City **Wardner**
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? **7** yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD **Colin Colby Campbell**

5. Date of Birth of Child
(Month, day, year) **Nov. 26, 1895**

6. Sex **Male** 7. Twin or Triplet **no** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME **Joseph Albert Ross Campbell**
11. Color **White** 12. Age at time of THIS birth **47** yrs.
13. Birthplace **Ottumwa, Iowa**
(City or town) (State or foreign country)
14. Exact Occupation **Police Officer**
15. Industry or Business **same**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Phoebe May Lent**
17. Color **White** 18. Age at time of THIS birth **34** yrs.
19. Birthplace **Ottumwa, Iowa**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business **same**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **Don't know**
23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **2**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Idaho
Shoshone

State of.....
County of..... } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Uncle** of the person whose name appears in Item 4, above, that I am now **66** years of age, that I have known this person for **46** years, and that **Dr. F. P. Matchette** who attended this birth **is now deceased** I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred Lent Signature
Wardner, Idaho P. O. Address

Subscribed and sworn to before me this **6th** day of **August**, 19 **42**
(SEAL) **Edward T. Jones** Notary Public, residing at **Wardner, Idaho**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **AUG 7 1942** by **Mary E. E. E.** Registrar.

JUL 7 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Blaine Kootenai
City of Kootenai
No. 464-204028 317 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

353372

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Emma Jane Dodge (now Buesch)

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term Yes 7. Legitimate? Yes 8. Date of birth Jan. 4th, 1905 (Month, Day, Year)

9. Full name FATHER John Dodge 18. Full maiden name MOTHER Elvira Capps

10. Residence (usual place of abode) (If non-resident, give place and State) _____ 19. Residence (usual place of abode) (If non-resident, give place and State) Elmira, Idaho

11. Color or race White 12. Age at last birthday 27 (years) 20. Color or race White 21. Age at last birthday 27 (years)

13. Birthplace (city or place) (State or Country) Crookston, New York. 22. Birthplace (city or place) (State or Country) Lake County, California

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 19. _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____ 19. _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 3 (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks 30. Cause of Stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

(Signed) Elvira J. Lee M.D. or Mother Midwife

Address _____

Filed AUG 10 1905 193 _____ Registrar.

Registrar.

Registrar.

DELAYED

1000000

1000000

1000000

1000000

1000000

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of IDAHO

County of Bonner

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Elvirah J. Lee being first duly sworn says that

she is the mother of Emma Jane Dodge
(Relationship of child)*

born January 4th, 1895 at Kootenai, Bonner County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Emma Jane Dodge

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that no doctor present, M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is _____

(Now deceased (or) cannot be located)

Name of Affiant

Elvirah J. Lee

P. O. Address

Elmira, Idaho

Subscribed and sworn to before me this 10th day of August, 1940

Arthur Bowden
Notary Public.

Residing at Sandpoint, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of said affiant, as brother, sister, cousin, etc.

AUG 16 1942

Aug 18 1942

417-109-035-259

353565

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County My Perce (b) City Julietta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county years 7 months days

4. FULL NAME OF CHILD Clarence Walter Dagggett

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Clark Weston Dagggett
11. Color White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Peoria, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Carpenter Contracting

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County My Perce
(c) City Julietta
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Julietta Ida

5. Date of Birth of Child (Month, day, year) Dec. 9, 1895

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL NAME Celestial Milla Berner
17. Color White 18. Age at time of THIS birth 42 yrs.
19. Birthplace Peoria, Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum:

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's OWN signature (Mother, etc.)

M.D. Midwife Address Date

State of Montana
County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 46 years, and that Mrs Cross, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session-Laws.

E. H. E. Dagggett Signature
Polson Montana P. O. Address

Subscribed and sworn to before me this 7th day of August, 1942
(SEAL) [Signature] Notary Public, residing at 66 Mont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

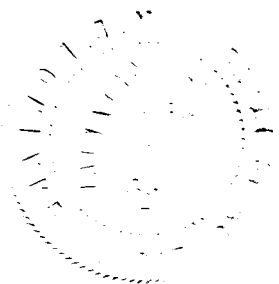
Received for filing on AUG 12 1942 by Maui Peeler Registrar.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

595-204-040-315

353622

353622

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Washington</u> (b) City <u>Salubria</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Salubria</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?..... yrs.
--	--

4. FULL NAME OF CHILD <u>Lola May Vreeland</u> 7. Twin or Triplet 6. Sex <u>Female</u> If so—born 1st, 2nd, 3rd	5. Date of Birth of Child (Month, day, year) <u>Sept. 4, 1895</u> 8. No. months of Pregnancy 9. Legitimate? <u>yes</u>
---	--

FATHER OF CHILD 10. FULL NAME <u>William Henry Vreeland</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>25</u> yrs. 13. Birthplace <u>Missouri</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer-Carpenter</u> 15. Industry or Business	MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Ida B. Lane</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>17</u> yrs. 19. Birthplace <u>Illinois</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business
---	--

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature State of <u>Idaho</u> County of <u>Ada</u> } ss.	M.D. Midwife Address Date
--	------------------------------

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for..... years, and that Dr. Hunt, who attended this birth now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida B. Vreeland Signature
Boise, Idaho, R. 1 P. O. Address

Subscribed and sworn to before me this 18th day of August, 19 42
(SEAL) [Signature] Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 18 1942 by Mary E. Elder, Registrar.

AUG 18 1942

SEP 24 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

813-119-036-813

35537

353634

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353634
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Franklin</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Franklin</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho <u>49</u> yrs.	
4. FULL NAME OF CHILD <u>Denzil Aubrey Halgren</u>		5. Date of Birth of Child (Month, day, year) <u>March-19-1895</u>	
6. Sex <u>Male</u> 7. Twin or Triplet <u>1st, 2nd, 3rd</u>		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Oscar Charles Halgren</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>25</u> yrs. 13. Birthplace <u>Richmond Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Hotel Keeper</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Minnie Bell Halgren</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>63</u> yrs. 19. Birthplace <u>Franklin Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related to this child as (Mother, etc.)

25. Attendant's OWN signature Deceased **M.D. Midwife Address Date**

State of Idaho County of Franklin } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears in Item 24, above, that I am now 63 years of age, that I have known this person for life years, and that Ellen Morgan who attended this birth Deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Rose H. Hauken Signature
 10th Franklin Idaho P. O. Address
 August 1942
 E. J. Hand Notary Public, residing at Franklin Idaho
(SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 19 1942 by Mary E. Edgar , Registrar.

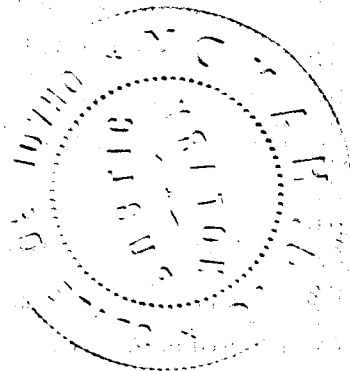
00888

AUG 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

259-129-035-285
AUG 26 1942
United States (Be sure the information is as of date of birth of THIS child)
Department of Commerce
Bureau of the Census
353669
353669
State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? Life yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Harold Clarence Sridersky
5. Date of Birth of Child (Month, day, year) Sept 29 - 1895
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME J. P. Sridersky
11. Color or Race White 12. Age at time of THIS birth yrs.
13. Birthplace Vienna Austria (City or town) (State or foreign country)
14. Exact Occupation Vienna Austria
15. Industry or Business Musical

MOTHER OF CHILD
16. FULL MAIDEN NAME Esther Earle Sherburne
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Porter Falls, Wis. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Washington } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Kitsap

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 46 years, and that Esther Earle Sherburne (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mae H. Lambert Signature
5017 Brooklyn Ave., Seattle, Wash. P. O. Address
Subscribed and sworn to before me this 19th day of August, 1942
(SEAL) Notary Public, residing at Port Richard
(Note: Perjury punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

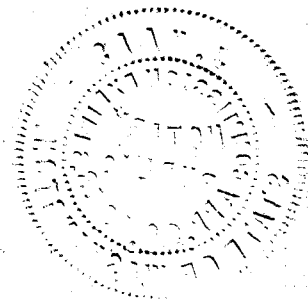
Received for filing on AUG 26 1942 by Mary E Elder, Registrar.

AUG 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



791-125042-291

353725

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. Ranch near City
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
IN THIS county 23 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Weiser
(d) Street Address or R.F.D. No. Ranch
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

4. **FULL NAME OF CHILD** Edward Bryan Gray

5. Date of Birth of Child
(Month, day, year) June 25, 1895

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd # 8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Knox Polk Gray
11. Color White 12. Age at time of THIS birth 49 yrs.
13. Birthplace Peoria, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clarissa Eliz. Brassfield
17. Color White 18. Age at time of THIS birth 41 yrs.
19. Birthplace Schuyler Co. Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** M.D. Midwife Address Date

State of Idaho }
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for 46 years, and that Mrs. Sarah Feffries, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mother

Clarissa Eliza Brassfield Gray Signature
611 East Main St. Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of January, 1942
(SEAL) John T. Callahan Notary Public, residing at Weiser

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914 Idaho Code Annotated)

Received for filing on AUG 18 1942 by John T. Callahan Registrar.

AUG 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

355327

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Quinn Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Charles Adolph Fernish

5. Date of Birth of Child
(Month, day, year) Sept. 6, 1898

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Fernish
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Winchester, Virginia
(City or town) (State or foreign country)
14. Exact Occupation Druggist
15. Industry or Business Pharmacy

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Cordelia Hopkins
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Ogden, Utah, U.S.A.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____

State of Calif.
County of Santa Clara } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 47 years, and that Dr. Wm H Behle who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Cordelia Fernish Signature
945 Madison St. Santa Clara, Cal. P. O. Address

Subscribed and sworn to before me this 28th day of August, 1942

(SEAL) Allen McArthur Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

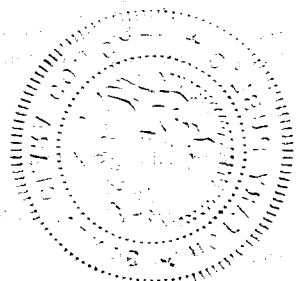
Received for filing on AUG 31 1942 by Marj E. K. [unclear] REGISTRAR

SEP 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

753-205-006-243

355414

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

SEP 2 1942

STATE OF IDAHO

1. PLACE OF BIRTH

(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 22 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address Idaho Falls.

4. FULL NAME OF CHILD

Alice JANE Pelot

5. Date of Birth

(Month, day year) Mar. 5 - 1895

6. Sex Female

7. Twin or

No

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Carlisle L. Pelot

11. Color

White

12. Age at time

of THIS birth 42 yrs.

13. Birthplace

Lexington, Kentucky
(City or town) (State or foreign country)

14. Exact

Occupation livery stable owner.

15. Industry or

Business Care of stock.

MOTHER OF CHILD

16. FULL MAIDEN NAME

Alice JANE Buck

17. Color

White

18. Age at time

of THIS birth 40 yrs

19. Birthplace

Buckfield Maine
(City or town) (State or foreign country)

20. Exact

Occupation housewife

21. Industry or

Business wife & mother

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) _____ (Date received)

(b) _____ (Registrar's signature)

Attendant's

OWN signature _____

M.D.

27. Given name added on _____ by _____

(Registrar's signature)

and address _____

(D.O., Midwife, etc.)
Date _____

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Helen A. Payne, being first duly sworn, say that I am Related to Alice Jane Pelot Foley as Aunt (Related to (or) acquainted with)

(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the midwife (Name of attendant at birth), who attended

said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Helen A. Payne Signature
Route #2 Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 21st day of August, 1942

(SEAL)

By Alice J. Foley

Deputy

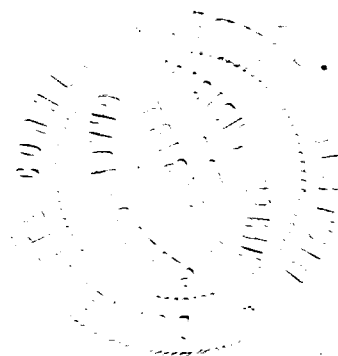
Notary Public, residing at Idaho Falls, Idaho

SEP 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

355445

849-1141007434
United States (Be sure the information is as of date of birth of THIS child)
Department of Commerce
Bureau of the Census
SEP 2 1942
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Blain</u> (b) City <u>Arco</u> (c) Street Address or R.F.D. No. <u>Ranch near There</u> (d) Name of Hospital or Maternity Home: <u>NONE</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>30</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blain</u> (c) City <u>Arco</u> (d) Street Address or R.F.D. No. <u>Ranch nearby</u> (e) How long has MOTHER lived in Idaho? <u>8</u> yrs.	
4. FULL NAME OF CHILD <u>Frank Ben Hurst</u>		5. Date of Birth of Child (Month, day, year) <u>July 14, 1895</u>	
6. Sex <u>Male</u> 7. Twin <u>Yes</u> 8. No. months of Pregnancy <u>7 mo.</u> 9. Legitimate? <u>Yes</u>			
FATHER OF CHILD 10. FULL NAME <u>Markus Lafayette Hurst</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>45</u> yrs. 13. Birthplace <u>Missouri</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farming and Stockraising</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Nina McDougal</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>33</u> yrs. 19. Birthplace <u>Halifax Nova Scotia</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
(First name) (Last name)
related to this child as.....
(Mother, etc.)
25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am a friend of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 40 years, and that Markus L. Hurst, who attended this birth, is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mattie D. Martin Signature
Arco Idaho P. O. Address

Subscribed and sworn to before me this 23 day of August, 1942

(SEAL) [Signature] Notary Public, residing at Arco
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 2 1942 by Mary [Signature], Registrar.

SEP 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845-111-229-253

355454

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

SEP 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Kendrick Ida

5. Date of Birth of Child
(Month, day, year) 11-11-1895

4. FULL NAME
OF CHILD

Thomas Merald Hunter

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL
NAME

Thomas Allen Hunter

11. Color White 12. Age at time
or Race White of THIS birth 37 yrs.
13. Birthplace Inverness, Ontario, Canada
(City or town) (State or foreign country)
14. Exact
Occupation Furniture Dealer
15. Industry or
Business Furniture

MOTHER OF CHILD

16. FULL MAIDEN
NAME

Mary Belle Beckley

17. Color White 18. Age at time
or Race White of THIS birth 22 yrs.
19. Birthplace Kalamazoo, Michigan
(City or town) (State or foreign country)
20. Exact
Occupation Housewife
21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho
County of Blackfoot ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears
in Item 4, above, that I am now 37 years of age, that I have known this person for 46 years, and that
Charles Rothwell M.D. who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Mrs. Vera E. Hunter

Signature

Blackfoot, Idaho

P. O. Address

Subscribed and sworn to before me this 28th day of August, 19 42

(SEAL)

George Chapman

Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code (Annotated).)

Received for filing on JUL 20 1942

by

Mary E. Fisher

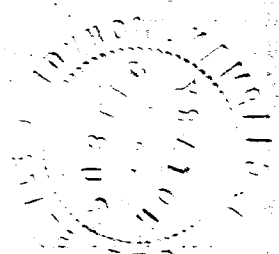
Registrar.

SEP 5 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registry for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

215-125-029-918
United States
Department of Commerce
Bureau of the Census
SEP 3 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **355475**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. Third St.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. Third St.
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD James David Kanaley

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD
10. FULL NAME John Kanaley
11. Color or Race white 12. Age at time of THIS birth 41 yrs.
13. Birthplace Wica New York
(City or town) (State or foreign country)

14. Exact Occupation
15. Industry or Business Hotel Keeper

5. Date of Birth of Child (Month, day, year) Mar 25 1895

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD
16. FULL MAIDEN NAME Ella Louise Paymell
17. Color or Race white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Red Bluff, California
(City or town) (State or foreign country)

20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of California County of Yolo } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 47 years, and that Dr. Blake who attended this birth is deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Notary Public in and for the County of _____
Yolo, State of California.

My commission expires March 20, 1944.

Subscribed and sworn to before me this 81st day of August 1942

(SEAL)

Beaulieu J. Lowe Notary Public, residing at West Sacramento

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

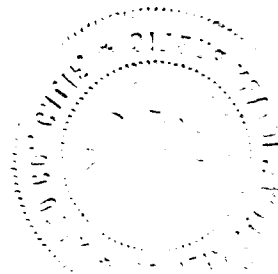
Received for filing on SEP 3 1942 by Marj E. Evers Registrar.

SEP 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

355479

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years 10 months No days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? three yrs.

4. FULL NAME OF CHILD Verla Ellen Kelly

5. Date of Birth of Child
(Month, day, year) Oct. 22, 1895

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Richard Wilson Kelly
11. Color white 12. Age at time of THIS birth 25 yrs.
13. Birthplace Racine Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Ann Chaffee
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Crownna Indiana
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Canyon ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 47 years, and that Mrs. Spencer who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Ann Kelly Signature
Route #4, Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of August 1922
(SEAL) John Snyder Notary Public, residing at Nampa, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 5 1922 by Marjorie Registrar.

OCT 28 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

355480

1. PLACE OF BIRTH (All items at time of this birth)

(a) County FREMONT (b) City TETON CITY

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

IN HOME

(e) Mother's stay **BEFORE** delivery:

IN THIS county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County FREMONT

(c) City TETON CITY

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD

CALVIN ROBERT HENDERSON

5. Date of Birth of Child

(Month, day, year) SEPT. 4 1895

6. Sex MALE

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME SAMUEL OSCAR HENDERSON

11. Color or Race WHITE **12. Age at time of THIS birth** 35 yrs.

13. Birthplace KEYSVILLE, UTAH
(City or town) (State or foreign country)

14. Exact Occupation FARMING

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ISABELLA MCKINLAY

17. Color or Race WHITE **18. Age at time of THIS birth** 34 yrs.

19. Birthplace CONDENBETH, SCOTLAND
(City or town) (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living SIX

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature

M.D.
Midwife Address

Date

State of IDAHO
County of FREMONT } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 47 years, and that ISABELLE RIGGS, who attended this birth IS NOW DECEASED, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isabella Henderson Signature

Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 2 day of September, 1942

(SEAL)

Notary Public, residing at Boise Idaho

(Notes: Perjury is punishable as a felony in Idaho; see Sec. 1791A, Idaho Code Annotated.)

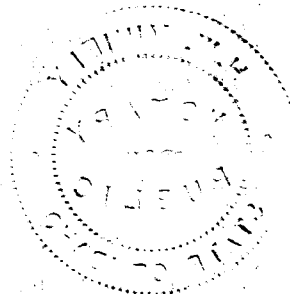
Received for filing on SEP 3 1942 by Mary E. Blanton, Registrar.

SEP 19 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

892-203-030-367

355519

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Gibbonsville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Gibbonsville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
3. **RESIDENCE OF FATHER** (city, state) Gibbonsville

4. **FULL NAME OF CHILD** Della May Hibbs
7. Twin or Triplet
8. Sex Female If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) June 3, 1895
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** James Ruben Hibbs
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Kansas City Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Ann Cox
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 47 years, and that Mrs. Hull, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Ruben Hibbs Signature
Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of September, 1942
(SEAL) W. W. Simmonds, Clerk of the District Court, Lemhi Co., Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91, Idaho Code Annotated.)

Received for filing on SEP 4 by Mary J. Edwards Deputy Registrar.

SEP 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

391-202-022-384

355594

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce SEP 8 1942 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Freemont (b) City Driggs PO.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
born at home
(e) Mother's stay BEFORE delivery:
IN THIS county 5 years 1 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Driggs
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Driggs, Idaho

4. FULL NAME OF CHILD Frances Ninnie Trafton
5. Date of Birth of Child (Month, day, year) August 2, 1895
6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Edwin Bernum Trafton 16. FULL MAIDEN NAME Minnie Helen Lyman
11. Color or Race white 12. Age at time of THIS birth 37 yrs. 17. Color or Race white 18. Age at time of THIS birth 21 yrs.
13. Birthplace (City or town) New Hampshire (State or foreign country) 19. Birthplace (City or town) Hyrum Utah (State or foreign country)
14. Exact Occupation Rancher 20. Exact Occupation housewife
15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of California } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 47 years, and that Minnie Thornton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Helen Lyman Signature
5 Sadler St Los Angeles Calif P. O. Address
My Commission Expires Aug. 31st, 1905
Subscribed and sworn to before me this 5th day of September 1942
(SEAL) Sherman M. Fox Notary Public, residing at Los Angeles Calif
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9M Idaho Code Annotated)

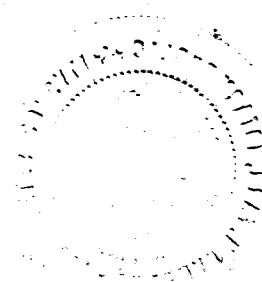
Received for filing on SEP 8 1942 by Mabel E. [Signature] Registrar.

SEP 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



962-121-244-354

355699

United States (Be sure the information is as of date of birth of THIS child) State File No.
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
 Bureau of the Census SEP 8 1942 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
 (a) County Washington (b) City Weiser
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home:
 (e) Mother's stay BEFORE delivery:
 IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
 (a) State Idaho (b) County Washington
 (c) City Weiser
 (d) Street Address or R.F.D. No.
 (e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD John Duncan Ross
 5. Date of Birth of Child (Month, day, year) Dec. 21, 1895

6. Sex male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd
 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John A. Ross
 11. Color white 12. Age at time of THIS birth 24 yrs.
 13. Birthplace Tenneys Grove, Missouri
 (City or town) (State or foreign country)
 14. Exact Occupation farmer
 15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Luella Ledington
 17. Color white 18. Age at time of THIS birth 17 yrs.
 19. Birthplace Onaga, Kansas (Pottawattami Co.)
 (City or town) (State or foreign country)
 20. Exact Occupation housewife
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
 23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
 State of Oregon County of Klamath } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 46 years, and that Doctor Numbers who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Luella Ross Signature
 5072 Harlan Drive, Klamath Falls, Ore. Address

Subscribed and sworn to before me this 30th day of April, 1942.
 (SEAL) Amy Ross Notary Public, residing at Klamath Falls, Ore.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, My Com. exp. 7/10/42.)

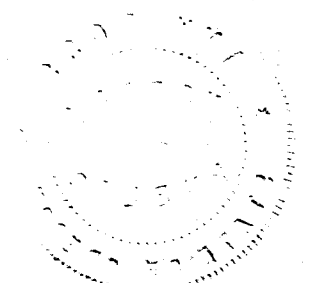
Received for filing on SEP 8 1942 by Mary E. [Signature] Registrar.

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-105-229-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **355777**
Local Reg. No.
Reg. Dist. No.

SEP 9 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Latah** (b) City **Troy,**
(c) Street Address or R.F.D. No. **1**
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county **6** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Latah**
(c) City **Troy,**
(d) Street Address or R.F.D. No. **1**
(e) How long has **MOTHER** lived in Idaho? **4** yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD **WILLIAM MARTIN KEENEY**

5. Date of Birth of Child
(Month, day, year) **JUNE 5 1895**

6. Sex **Male** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME **WALTER AMOS KEENEY**
11. Color **WHITE** 12. Age at time of THIS birth **23** yrs.
13. Birthplace **Lawrence Kansas U.S.A.**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **MARY FLORENCE PETERSON**
17. Color **white** 18. Age at time of THIS birth **23** yrs.
19. Birthplace **Clarks Hill Indiana U.S.A.**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **2**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of **IDAHO**
County of **LATAH** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4, above, that I am now **70** years of age, that I have known this person for **all his life** years, and that **Mrs. Grandma Spencer**, who attended this birth **is now deceased** I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Keene
Troy, Idaho R 1

Signature

P. O. Address

Subscribed and sworn to before me this **8th** day of **September**, 19 **42**

(SEAL)

Notary Public, residing at **Troy, Idaho.**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **SEP 9 1942** by *Mabel E. Baker*, Registrar.

SEP 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

295-1041-225-523

355794

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Cottonwood</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>7</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Cottonwood</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>7</u> yrs.	
4. FULL NAME OF CHILD <u>Okie Kincaid</u>		3. RESIDENCE OF FATHER (city, state) <u>Cottonwood Idaho</u>	
6. Sex <u>M</u> 7. Twin or Triplet <u> </u> If so—born 1st, 2nd, 3rd <u> </u>		5. Date of Birth of Child (Month, day, year) <u>March 4, 1915</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Joseph Lorenzo Kincaid</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>35</u> yrs. 13. Birthplace <u>Lenore N. Carolina</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Martha Emmaline Estes</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>33</u> yrs. 19. Birthplace <u>Callettesville N. Carolina</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u> </u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by , who is related to this child as (Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho }
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 47 years, and that Dr. J.W. Turner (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Emmaline Kincaid Signature
1203, 8th St. Lewiston Idaho O. Address

Subscribed and sworn to before me this 5 day of Sept. 1942
(SEAL) Notary Public, residing at Cottonwood, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 11 1942 by Marcel E. Eber, Registrar.

SEP 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

469-126-029-132

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
SEP 14 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. **355850**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>LATAH</u> (b) City <u>TAMEY</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years <u>6</u> months <u> </u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>LATAH</u> (c) City <u>TAMEY</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>3</u> yrs.	
4. FULL NAME OF CHILD <u>CLARENCE CALVIN MOREY</u>		5. Date of Birth of Child (Month, day, year) <u>9-26-1895</u>	
6. Sex <u>MALE</u> 7. Twin or Triplet <u> </u> 8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>OSCAR V. MOREY</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>37</u> yrs. 13. Birthplace <u>ROCK ISLAND ILLINOIS</u> (City or town) (State or foreign country) 14. Exact Occupation <u>FARMER</u> 15. Industry or Business <u> </u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>EMMA ALBER</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>20</u> yrs. 19. Birthplace <u>MISSOURI</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u> </u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for always years, and that Augusta Alber, who attended this birth during I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 129, 1937 Session Laws.

Jacob Alber Signature
KENDRICK, IDAHO P. O. Address

Subscribed and sworn to before me this 11th day of SEPT., 1942
(SEAL) Notary Public, residing at Kendrick
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 14 1942 by , Registrar.

SEP 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

195 224025 763

355925

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census SEP 12 1947 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. Grangeville, Ida
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 1 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. Grangeville, Ida
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address. Grangeville, Idaho

4. FULL NAME OF CHILD Millie Rose Arnold 5. Date of Birth (Month, day, year) Nov. 24, 1895
6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME George Harry Arnold
11. Color or Race white 12. Age at time of THIS birth 48 yrs.
13. Birthplace Three River Mich
(City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Ann Palmeter
17. Color or Race white 18. Age at time of THIS birth 43 yrs.
19. Birthplace Bethel Wisconsin
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living 4
(c) Born alive and now dead 4 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (anner, etc.)

26. (a) _____ (Date received) (b) _____ (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____

State of Idaho } ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.
County of Idaho

I, Clifford Arnold, being first duly sworn, say that I am Related (Related to (or) acquainted with) Millie Rose Arnold as Brother, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. S.E. Bieby (Name of attendant at birth) said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Signature _____
P. O. Address White Bird, Idaho.

Subscribed and sworn to before me on this 17 day of October, 19 41
(SEAL) W.T. Johnson Notary Public, residing at Grangeville, Idaho

SEP 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

SEP 11 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 355935

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Idaho
(c) Street Address or R.F.D. No. farm
(d) Name of Hospital or Maternity Home: at the farm home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Idaho
(d) Street Address or R.F.D. No. farm
(e) How long has MOTHER lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Reubena Maud Reeves

5. Date of Birth of Child (Month, day, year) 1/18-1895-

6. Sex Female 7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Enoch S. Reeves
11. Color White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Toronto - Kans.
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Raina Bell Sawyer
17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace McMinnville - Oregon
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of California }
County of Riverside } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 47 years, and that Itha Sawyer, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

my com. Expires May 10-1945 Enoch S. Reeves Signature
Thermal, California P. O. Address

Subscribed and sworn to before me this 5 day of September 1942
(SEAL) Florence E. Schisler Notary Public, residing at Indio

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by Harold E. Blaker, Registrar.

SEP 11 1942

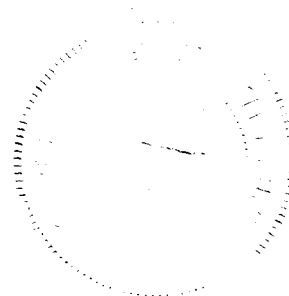
OCT 27 1964

SEP 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

419 228 036-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **355960**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)

(a) County Oneida (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida
(c) City Franklin
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 67 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Aina Parkinson Marshall

5. Date of Birth of Child

(Month, day, year) Feb. 28, 1995

6. Sex

7. Twin or Triplet
If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Thomas Marshall
11. Color or Race white 12. Age at time of THIS birth 23 yrs.
13. Birthplace Franklin, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Dept. Store Clerk
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Ann Parkinsons
17. Color or Race white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Franklin, Idaho
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living ✓

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 9 P. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Sarah Ann Marshall, who is related to this child as Sarah Ann Marshall (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Ellen Morgan M.D. Midwife Address Franklin, Idaho Date Sept 4th

State of Idaho County of Oneida } ss. (dead) **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 47 years, and that Ellen Morgan (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Ann Marshall Signature

Subscribed and sworn to before me this 4th day of Sept 1995

(SEAL) E. P. Mouson Jr. Notary Public, residing at Blackfoot, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 14 1942 by Marj E. Egan Registrar.

SEP 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

697-230 004 386

356155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

SEP 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Liberty
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 9 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Liberty
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
3. **RESIDENCE OF FATHER** (city, state) Liberty, Id.

4. **FULL NAME OF CHILD** Hannah Lorena Wixom
5. Date of Birth of Child (Month, day, year) 30 Nov. 1895
6. Sex F. 7. Twin or Triplet 1st If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnancy Reg. 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Lorenzo Wixom
11. Color Wh. 12. Age at time of THIS birth 27 yrs.
13. Birthplace Paris, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Lorena Maria Thompson
17. Color Wh. 18. Age at time of THIS birth 20 yrs.
19. Birthplace Denmark
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) Midwife: Mary Hymas - now dead (Mother, etc.)
25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho }
County of Cassia } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the cousin uncle of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 46 years, and that Mary Hymas (First name) (Last name) who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geo A Hymas Signature
Burley, Idaho. P. O. Address

Subscribed and sworn to before me this 27 day of August, 19 42
(SEAL) Henry H. Tucker Notary Public, residing at Burley, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 3 1942 by Mabel T. Fisher Registrar.

SEP 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445-102028-366

357160

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
SEP 19 1942 STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Kootenai (b) City Coeurd'Alene
(c) Street Address or R.F.D.No. not known
(d) Name of Hospital or Maternity Home: private home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. 0 days.
IN THIS county 0 years 6 month 15 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Coeurd'Alene
(d) Street Address or R.F.D.No. not known
(e) How long has MOTHER lived in Idaho? 6 mo. yrs.
(f) Mother's mailing address Coeurd'Alene Idaho

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD

Raymond Wood Duncan

5. Date of Birth

(Month, day year) 12-2-1895

6. Sex Male

7. Twin or

Triplet No

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy 9

9. Legitimate?

Yes

FATHER OF CHILD

10. FULL NAME

William Wood Duncan

11. Color

White

12. Age at time

of THIS birth. 25 yrs.

13. Birthplace

Albany Missouri

(City or town) (State or foreign country)

14. Exact

Occupation Farmer

15. Industry or

Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ora Lillian Coone

17. Color

White

18. Age at time

of THIS birth. 18 yrs

19. Birthplace

Waitsburg Washington

(City or town) (State or foreign country)

20. Exact

Occupation Housewife

21. Industry or

Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nitrate Solution

23. Number of children of this mother: (a) At time of birth and including this child. 1 (b) Born alive and now living. 1

(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) _____ (Date received)

(Mother, etc.)
Mrs. J. E. Elderkin
(Registrar's signature)

25. Attendant's
OWN signature _____ M.D.

27. Given name added on _____ by _____ (Registrar's signature)

and address _____ Date _____ (D.O., Midwife, etc.)

State of Washington }
County of Yakima } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Ora L. Duncan, being first duly sworn, say that I am related to Raymond Wood Duncan as Mother (Related to (or) acquainted with)

(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Elderkin (Name of attendant at birth), who attended

said birth is now deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Mrs Ora L. Duncan

Signature

RFD 2 Grandview Washington

P. O. Address

Subscribed and sworn to before me on this 17th day of September, 19 42

(SEAL)

Notary Public, residing at Grandview Wash.

SEP 19 1942

SEP 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-21006-695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 21 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

357256

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years 5 months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley Idaho

4. FULL NAME OF CHILD

Lillie May Smith

5. Date of Birth of Child

(Month, day, year) 11/10/1893

6. Sex female

7. Twin or Triplet _____

If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Franklin Smith

11. Color or Race White 12. Age at time of THIS birth _____ yrs.

13. Birthplace Tazwell Virginia
(City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Alice French

17. Color or Race White 18. Age at time of THIS birth 30 yrs.

19. Birthplace Smith County Virginia
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife

Address

Date

State of Idaho }
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 47 years, and that Lillie May Smith, who attended this birth, cannot be located (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Alice Smith Signature

P. O. Address

Subscribed and sworn to before me this 22 day of September, 1942

(SEAL)

J. H. Johnson Notary Public, residing at Stanbury, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 24 1942 by Mary E. Ebers, Registrar.

SEP 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962-116038-27
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **357291**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Payette</u> (b) City <u>Payette</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Payette</u> (c) City <u>Payette</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>58</u> yrs.	
4. FULL NAME OF CHILD <u>Sam Roberts</u>		5. Date of Birth of Child (Month, day, year) <u>Oct 16 1895</u>	
6. Sex <u>Male</u>		8. No. months of Pregnancy <u>9. Legitimate?</u> <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Alvin Baxter Roberts</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>38</u> yrs. 13. Birthplace <u>Oregon City Oregon</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Stone Mason</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Rosa Yarnson</u> <u>first child</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>25</u> yrs. 19. Birthplace <u>Rome Iowa</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House Wife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as Mother
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature [Signature] ☒ M.D. Address Date

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Rosa Y Shipp Signature
435-2nd Ave So. Twin Falls, Idaho. P. O. Address

Subscribed and sworn to before me this 23 day of September, 1942
(SEAL) [Signature] Notary Public, residing at Twin Falls
(Note: Perjury is punishable as in Section 10-901, Code Annotated.)

Received for filing on SEP 23 1942 by Mary E. [Signature], Registrar.

SEP 28 1942

JUN 6 1961
NOV 30 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

433-130 044-281

357304

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

SEP 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

- | | |
|---|--|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>Washington</u> (b) City <u>Weiser</u>
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
IN THIS county years months days | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?..... yrs. |
|---|--|

- | | |
|---|---|
| 4. FULL NAME OF CHILD <u>Donald Erastus Ritley</u>
Sex <u>Male</u> <u>Male</u> If so—born 1st, 2nd, 3rd | 5. Date of Birth of Child (Month, day, year) <u>Jan. 30, 1895</u>
8. No. months of Pregnancy
9. Legitimate? <u>yes</u> |
|---|---|

- | | |
|---|---|
| FATHER OF CHILD
10. FULL NAME <u>John Erastus Ritley</u>
11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>38</u> yrs.
13. Birthplace <u>Mount Vernon Ill.</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Farming</u>
15. Industry or Business | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Ellen Robinson Shannon</u>
17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>30</u> yrs.
19. Birthplace <u>Beacon Utah</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>housewife</u>
21. Industry or Business |
|---|---|

- 22. Name prophylactic used to prevent Ophthalmia Neonatorum.**.....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

- 24. I HEREBY CERTIFY** That I attended the birth of this child, who was alive at home known M. on the date and at the place stated above, and that personal particulars were furnished by Mabel Carskadon who is related to this child as Sister (Mother, etc.)

- 25. Attendant's OWN signature** _____ **M.D.** _____ **Address** _____ **Date** _____

State of Oregon **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Multnomah ss.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 47 years, and that Dr. Chas. Shirley who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Carskadon Signature

6406-N-Williams Portland, Ore. P. O. Address

Subscribed and sworn to before me this 17 day of September, 1942

(SEAL) _____ Notary Public, residing at Portland, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Act 17-9, Idaho Code, as amended.)

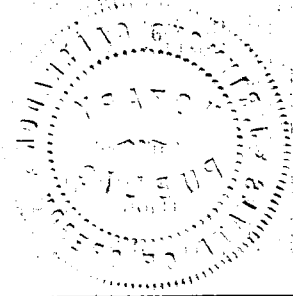
Received for filing on SEP 24 1942 by Mabel Carskadon, Registrar.

SEP 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



593-206 025-213

357386

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

SEP 26 1942 STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Idaho (b) City Bottomwood
(c) Street Address or R.F.D. No. General delivery
(d) Name of Hospital or Maternity Home: In Parents home
(e) Mother's stay BEFORE delivery: _____
In Hosp. or Mat. Home _____ days.
IN THIS county 2 years - month - days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Bottomwood
(d) Street Address or R.F.D. No. General delivery
(e) How long has MOTHER lived in Idaho? 2 1/4 yrs
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD

Olive Curtis, Nichols

5. Date of Birth

(Month, day, year) March 6th 1895

6. Sex Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Penn, Nichols
11. Color White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Marionville, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Painter and Paper Hanger
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary E. Big Bacon Nichols
17. Color White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Boonville, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive about 4 P. M. on the date (born alive or stillborn).
and at the place stated above, and that personal particulars were furnished by William P. Nichols who is related to this child as Father (First name) (Last name)

26. (a) _____ (Date received) (b) _____ (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature William P. Nichols (D.O., Midwife, etc.)
and address _____ Date _____

State of Washington
County of Kearney ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William P. Nichols, being first duly sworn, say that I am related (Related to (or) acquainted with)
Olive Curtis Nichols as father, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that William P. Nichols (Name of attendant at birth) who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

William P. Nichols Signature
P. O. Address _____

Subscribed and sworn to before me on this 11th day of March, 1942
(SEAL) James McIlwain Notary Public, residing at Coburn

SEP 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

365-228029-257

United States
Department of Commerce
Bureau of the Census

OCT

(Be sure the information is as of date of birth of THIS child)

1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

357573

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Not at hospital
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs. yrs.

3. RESIDENCE OF FATHER (city, state) Troy, Idaho

4. FULL NAME

OF CHILD Belle Irene Conwell

5. Date of Birth of Child

(Month, day, year) May 28 1895

6. Sex female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Richard Conwell
11. Color or Race white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Missouri
(City or town) (State or foreign country)
14. Exact Occupation Day Laborer
15. Industry or Business Woodsman and Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Beamer
17. Color or Race white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Marian Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home making

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss. AFFIDAVIT to be completed when the attendant does not sign
County of King } in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
in Item 4, above, that I am now 69 years of age, that I have known this person for 47 years, and that
do not remember who attended this birth. cannot locate. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Nellie Eastman

Signature

Carnation, Washington P. O. Address

Subscribed and sworn to before me this 26th day of September, 1942.

(SEAL)

[Signature] Notary Public, residing at Carnation
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 1 1942 by [Signature], Registrar.

877738
OCT 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SHOWING EVIDENCE
OF BIRTH
TO STATE
HOSPITAL
OFFICE OF THE
STATE HEALTH DEPARTMENT
BOISE, IDAHO

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

154-106 006-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 5 - 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

357671

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. RFD. North
(d) Name of Hospital or Maternity Home:
Born in a log cabin home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. RFD North
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Blkft, Idaho

4. FULL NAME OF CHILD

Jared Oliver Anderson

5. Date of Birth of Child

(Month, day, year) July 6th 1895

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME August Ludwig Anderson
11. Color White 12. Age at time
or Race White of THIS birth 30 yrs.
13. Birthplace Sweden
(City or town) (State or foreign country)
14. Exact Occupation Farmer & R.R. Sec Foreman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Augusta Josephine Malm
17. Color White 18. Age at time
or Race White of THIS birth 30 yrs.
19. Birthplace Sweden
(City or town) (State or foreign country)
20. Exact Occupation Seamstress & Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by , who is related to this child as (Mother, etc.) Mother and Father deceased. (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho

County of Bannock

ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 47 years, and that August Ludwig Anderson, who attended this birth deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Austin Hurdman Signature

Pocatello, Idaho.

717 N Arthur

P. O. Address

Subscribed and sworn to before me this 31st day of August 1942

(SEAL)

Paul M. Bryan

Notary Public, residing at Pocatello Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

OCT 5 - 1942

by

Mabel E. Baker

Registrar.

158745

SEP 9 1964

OCT 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



943-110029 892

357689

United States
Department of Commerce
Bureau of the Census

OCT 5 1942
(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County. <u>LATAH</u> (b) City. <u>JULIAETTA</u> (c) Street Address or R.F.D. No. <u>NONE</u> (d) Name of Hospital or Maternity Home: <u>NONE</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>ONE</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State. <u>IDAHO</u> (b) County. <u>LATAH</u> (c) City. <u>JULIAETTA</u> (d) Street Address or R.F.D. No. <u>NONE</u> (e) How long has MOTHER lived in Idaho? <u>ONE</u> yrs.	
4. FULL NAME OF CHILD <u>ARTHUR WILLIAM IMTHURN</u>		3. RESIDENCE OF FATHER (city, state) <u>JULIAETTA IDA.</u>	

6. Sex <u>MALE</u>		7. Twin or Triplet <u>NO</u>		8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>YES</u>	
---------------------------	--	-------------------------------------	--	--	--	----------------------------------	--

FATHER OF CHILD 10. FULL NAME <u>JOHN IMTHURN</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>42</u> yrs. 13. Birthplace <u>NAPOLEON OHIO</u> (City or town) (State or foreign country) 14. Exact Occupation <u>FARMER</u> 15. Industry or Business <u>FARMING</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>LYDIA HIBSCHER</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>THAINGEN SWITZERLAND</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSEWIFE</u> 21. Industry or Business <u>HOUSEKEEPING</u>	
--	--	--	--

22. Name prophylactic used to prevent Ophthalmia Neonatorum. NOT KNOWN

23. Number of children of this mother: (a) At time of birth and including this child. ONE (b) Born alive and now living.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature **M.D. Midwife Address** **Date**

State of. IDAHO
County of. NEZPERCE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 47 years, and that MRS. SUSAN TAYLOR who attended this birth IS NOW DECEASED I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Imthurn
Signature

RFD 1 LEWISTON, IDAHO P. O. Address

Subscribed and sworn to before me this 2nd day of OCTOBER 1942.

(SEAL) *And W. W. ...* Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 5 1942 by *Mary ...* Registrar.

OCT 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493113044-244

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

357700

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD Charles Elmer Miller

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME James Marshall Miller
11. Color white 12. Age at time of THIS birth 36 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?..... yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child (Month, day, year) Nov 13 1895

8. No. months of Pregnancy 9 9. Legitimate?

MOTHER OF CHILD

16. FULL MAIDEN NAME Letta Sumpter
17. Color white 18. Age at time of THIS birth 34 yrs.
19. Birthplace Glennwood, Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nothing
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of..... County of..... } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 36 years of age, that I have known this person for 47 years, and that Mrs. Bernard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 26 day of September, 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 28 1942 by Marj E. Baker Registrar.

OCT 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141-119044 113

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **357718**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Washington</u> (b) City <u>Weiser</u> (c) Street Address or R.F.D. No. <u>RFD # 3</u> (d) Name of Hospital or Maternity Home: <u>home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>32</u> years <u>6</u> months <u>10</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Weiser</u> (d) Street Address or R.F.D. No. <u>RFD # 3</u> (e) How long has MOTHER lived in Idaho? <u>32</u> yrs.	
4. FULL NAME OF CHILD <u>George Washington Adams</u>		3. RESIDENCE OF FATHER (city, state) <u>Weiser, Idaho</u>	
6. Sex <u>male</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Willoughby Adams</u>		16. FULL MAIDEN NAME <u>Willie Ann Jackson</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>37</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>32</u> yrs.
13. Birthplace <u>Mt. Vernon Illinois</u> (City or town) (State or foreign country)		19. Birthplace <u>Atchison, Kansas</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>farmer</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business <u>farming</u>		21. Industry or Business <u>housewife</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by , who is related to this child as
 (Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho
 County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 47 years, and that Dr. Shirley who attended this birth is now deceased I further state that
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida A. Jones Signature

Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of October, 19 42.

(SEAL)

Notary Public, residing at Weiser, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 3 1942 by Marj E. Johnson Registrar.

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

257-110-001-278

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 12 1942 CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357989
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boice</u> (c) Street Address or R.F.D. No. <u>Residence St.</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>10</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boice</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>12</u> yrs.	
4. FULL NAME OF CHILD <u>Rua Field Beail</u>		5. Date of Birth of Child (Month, day, year) <u>Oct 10, 1895</u>	
6. Sex <u>Male</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> mos 9. Legitimate? <u>Yes</u>	

FATHER OF CHILD 10. FULL NAME <u>William John Beail</u> 11. Color <u>White</u> 12. Age at time of THIS birth <u>37</u> yrs. 13. Birthplace <u>Mercer County, Illinois</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Hauling freight & Draying</u> 15. Industry or Business <u>Draying</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Carrie Schaumleffel</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>39</u> yrs. 19. Birthplace <u>St. Claire County, Ill</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Regular</u>	
---	--	--	--

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)
25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Washington } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Kittitas

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for 47 years, and that Doris Turner (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie Beail Signature
Box 143, Thorp, Washington P. O. Address

Subscribed and sworn to before me this 8th day of October 1942

(SEAL) Jack Rain CLERK OF THE SUPERIOR COURT, Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, and WASHINGTON)

Received for filing on OCT 12 1942 by Mary E. Fisher Registrar.

OCT 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

365-2281029-168

358064

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

OCT 14 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Family Residence, Genesee
(e) Mother's stay BEFORE delivery: _____
IN THIS county one years nine months _____ days
2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? three yrs.
3. RESIDENCE OF FATHER (city, state) Genesee, Id.

4. FULL NAME OF CHILD Maryhelen London
5. Date of Birth of Child (Month, day, year) April 28, 1895
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy nine 9. Legitimate? yes

- FATHER OF CHILD
10. FULL NAME Edwin London
11. Color white 12. Age at time of THIS birth 39 yrs.
13. Birthplace London England
(City or town) (State or foreign country)
14. Exact Occupation merchant
15. Industry or Business partner, with J. H. Gaffney, general store, Genesee, Idaho
- MOTHER OF CHILD
16. FULL MAIDEN NAME Anna Mary Johnson
17. Color white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Perryville, Indiana
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature _____ M.D. _____
Midwife Address _____ Date _____
State of Washington } ss. _____
County of Cheney }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Friend of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 47 years, and that Harvey who attended this birth is now deceased I further state that _____
(First name) (Last name) (Is now deceased or (Cannot be located))
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Aura J. Gaffney Signature
Seattle Washington P. O. Address

Subscribed and sworn to before me this 13 day of Oct, 1942
(SEAL) Thomas J. Quinn Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Code Annotated.)

Received for filing on OCT 14 1942 by Mary J. Gaffney, Registrar.

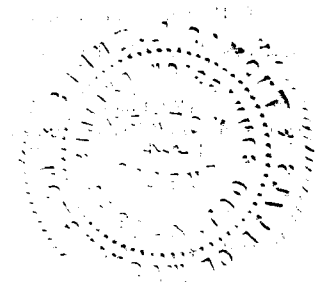
NOV 5 1956

OCT 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962-207.000-866

358151

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce Certificate of Birth Local Reg. No.
Bureau of the Census OCT 15 1942 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Paris
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay BEFORE delivery: IN THIS county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Paris
(d) Street Address or R.F.D. No. 56
(e) How long has MOTHER lived in Idaho? 56 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Martha Anna Rosen

5. Date of Birth of Child (Month, day, year) Dec. 7, 1895

6. Sex f 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alfred Rosen

11. Color or Race W 12. Age at time of THIS birth 32 yrs.

13. Birthplace Switzerland (City or town) (State or foreign country)

14. Exact Occupation carpenter & farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosina Hoffman Rosen

17. Color or Race W 18. Age at time of THIS birth 26 yrs.

19. Birthplace Switzerland (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Idaho County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 47 years, and that Martha Anna Rosen Sorenson who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Alfred Rosen Paris, Idaho P. O. Address _____

Subscribed and sworn to before me this 13 day of October, 1942

(SEAL) John C. Dunbar Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code (Annotated).)

Received for filing on OCT 15 1942 by Mary E. Peters, Registrar.

OCT 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



942-103.009-351

358152

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

OCT 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bonner (b) City Hope
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bonner
(c) City Hope
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 47 yrs.

3. RESIDENCE OF FATHER (city, state) Hope Ida

5. Date of Birth of Child
(Month, day, year) 6-3-95

4. FULL NAME OF CHILD Guy J Rose

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Englebrace Rose
11. Color White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Germany
(City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Rancher

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizibeth Teague
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Barnes River Ark
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Bonner ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Close Neighbor of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 47 years, and that Debor. Rieberg who attended this birth is Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 3rd day of October 19 42

(SEAL) Mabel G Green Notary Public for the State of Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Notary Public, residence, Hope, Idaho

Received for filing on.....by Mabel G Green Registrar.

OCT 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

295-130-029-432

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **358208**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Satah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Satah
(c) City Moscow
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 3 yrs. 4 mos.

4. FULL NAME OF CHILD

Francis Marion Kinney

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child

(Month, day, year) July 20, 1895

8. No. months of Pregnancy 9 mo. 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Marion Kinney

11. Color or Race white 12. Age at time of THIS birth 39 yrs.

13. Birthplace West Point, Illinois
(City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Jane McKellips

17. Color or Race white 18. Age at time of THIS birth 35 yrs.

19. Birthplace West Point, Illinois
(City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Washington } ss.
County of Chelan

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears
in Item 4, above, that I am now 60 years of age, that I have known this person for 47 years, and that

Mrs. Potter who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Bowell Signature

Preshestin Wash P. O. Address

Subscribed and sworn to before me this 14 day of October, 1942

(SEAL) J. J. Kinney Notary Public, residing at Leavenworth
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Wash

Received for filing on by Mary J. Keeler, Registrar.

OCT 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

129-111-028-595

United States
Department of Commerce
Bureau of the Census

(Be sure the information is of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

358218
State File No.....
Local Reg. No.....
Reg. Dist. No.....

OCT 19 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?.....yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Chester Lee Asimont

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Oct. 11, 1895

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Herman H. Asimont
11. Color 12. Age at time of THIS birth 39 yrs.
13. Birthplace France
(City or town) (State or foreign country)
14. Exact Occupation Lumber Mill Worker
15. Industry or Business Lumber mill

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Viert
17. Color 18. Age at time of THIS birth 34 yrs.
19. Birthplace Wisconsin
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature [Signature] M.D. Midwife Address Date

State of California County of Los Angeles } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 46 years, and that Dorothea Viert, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Commissioner of Public Health May 8, 1945 1128-12 Santa Monica Calif Signature [Signature]
Subscribed and sworn to before me this 12 day of May 19 45 P. O. Address [Address]
(SEAL) [Signature] Notary Public, residing [Address]

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1942 by Marj E. [Signature] Registrar.

OCT 20 1932

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

361-114 037819
United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce OCT 19 1942 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 60 yrs.

3. RESIDENCE OF FATHER (city, state)
5. Date of Birth of Child (Month, day, year) July 14 - 1896
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate?

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME John Chastain Coats 16. FULL MAIDEN NAME Nancy Ann Harris
11. Color or Race white 12. Age at time of THIS birth 45 yrs. 17. Color or Race white 18. Age at time of THIS birth 31 yrs.
13. Birthplace Bellevue, Mo. (City or town) (State or foreign country) 19. Birthplace Butte County, California (City or town) (State or foreign country)
14. Exact Occupation stock man - rancher 20. Exact Occupation house wife
15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
State of Idaho County of Jerome } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 47 years, and that Nancy Harris who attended this birth is now deceased further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy Ann Coats Signature
Jerome Idaho P. O. Address
Subscribed and sworn to before me this 15th day of October, 1942
(SEAL) Notary Public, residing at Jerome Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Cod. Annotated.)

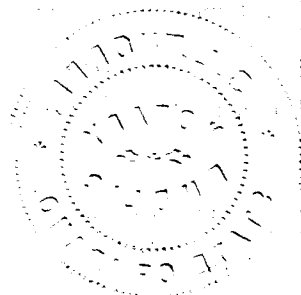
Received for filing on OCT 19 1942 by Mary E. Leifer Registrar.

OCT 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Moscow
(c) Street Address or R.F.D. No. R 7 B.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: at home
IN THIS county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Moscow
(d) Street Address or R.F.D. No. R 7 B.
(e) How long has MOTHER lived in Idaho? 20 yrs

3. RESIDENCE OF FATHER (city, state) Moscow, Id.

4. FULL NAME OF CHILD Ethel Constance Simonson
5. Date of Birth of Child (Month, day, year) Sept. 30, 1895

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Charles Sigbert Simonson
11. Color white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Oslo Norway (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Jella Madison
17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Vermillion, S. Dakota (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Washington } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Yakima }

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 47 years, and that Etta Madison (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Bessie E. Kuntzig Signature
1015 - 24 - ave - Yakima, Wash. P. O. Address
Subscribed and sworn to before me this 20th day of October 1942
(SEAL) Charles Eddy Notary Public, residing at Yakima
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

058023
OCT 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
OCT 26 1942
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File **359394**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Grangeville
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
IN THIS county years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Grangeville
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 19 yrs.
3. RESIDENCE OF FATHER (city, state) Grangeville

4. FULL NAME OF CHILD Herbert Dale Quillen
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Charles Batey Quillen
11. Color or Race White 12. Age at time of THIS birth 23 yrs.
13. Birthplace Osceola Nebraska
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Ida Mable Stillman
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Shenandoah Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
State of Washington County of Benton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 47 years, and that Mrs. Jarrett is now deceased I further state that who attended this birth (is now deceased) or (Cannot be located)
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

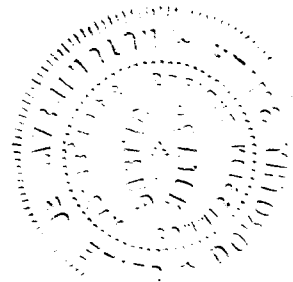
Herb D. Quillen Signature
Kennewick, Washington P. O. Address
Subscribed and sworn to before me this 24th day of October, 1942
(SEAL) Donna Smith Notary Public, residing at Kennewick, Wn.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 26 1942 by Maude J. Eddins Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



296-2251001-291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
OCT 23 1942
STATE OF IDAHO

State File No. **359421**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Home of Corriella Robbins Grandmother of child
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Gooding
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Since 1916 yrs.

4. **FULL NAME OF CHILD** Laura Ella Brown
7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Gooding Ida
5. Date of Birth of Child (Month, day, year) Mar 25 1895
6. No. months of Pregnancy 9. Legitimate? X

FATHER OF CHILD
10. **FULL NAME** Granville Brown
11. Color or Race white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Alvansport Iowa (City or town) (State or foreign country)
14. Exact Occupation Stock business
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lillie May Brassfield
17. Color or Race white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. **Number of children of this mother:** (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X at 5 A.M. on the date Mar 25 1895 and at the place stated above, and that personal particulars were furnished by Corriella LaJeunesse who is related to this child as Sister (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature Mrs Corriella Robbins M.D. Boise Ida
Midwife Address 219 W S arr Boise Date Mar 25 1895

State of Ida } ss.
County of Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for Since birth years, and that Corriella LaJeunesse who attended this birth is still living I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Corriella LaJeunesse Signature
Eden Idaho P. O. Address

Subscribed and sworn to before me this 15 day of Oct 1942
(SEAL) Notary Public Notary Public, residing at Eden
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 23 1942 by Marl E. Keifer, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

214-115-025-595

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 359540
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH OCT 23 1942
(a) County Idaho (b) City DENVER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county years month days

4. FULL NAME OF CHILD Robert Joseph KAUFMANN

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Louis KAUFMANN
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace GERMANY (City or town) (State or foreign country)
14. Exact Occupation Agriculture
15. Industry or Business

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City DENVER
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address DENVER, Idaho.

3. RESIDENCE of FATHER (city, state) DENVER, Idaho

5. Date of Birth (Month, day year) JANUARY 15, 1895

8. No. months of Pregnancy 9. Legitimate? YES

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Louise Eresch
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace AURORA, ILLINOIS (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by, who is related to this child as (First name) (Last name)

26. (a) (Date received) (b) (Signature) 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)

27. Given name added on by (Registrar's signature) and address Date

State of Idaho } ss.
County of Idaho

I, KATHERYN DETWILER, being first duly sworn, say that I am Related to Robert Joseph KAUFMANN as Sister (Related to (or) acquainted with) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Billy (Name of attendant at birth), who attended said birth is NOW DECEASED and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Katheryn Detwiler Signature

Subscribed and sworn to before me on this 21st day of October, 1942, V. B. Andersson Notary Public, residing at Slices Idaho

(SEAL)

OCT 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

395-119-010-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **359598**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Freedom
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Pirate Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Freedom
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Freedom, Idaho

4. FULL NAME OF CHILD

Franklin S. Lindholm

5. Date of Birth of Child

(Month, day, year) Oct. 19, 1895

6. Sex

Male

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Franklin Lindholm

11. Color or Race

White

12. Age at time of THIS birth 31 yrs.

13. Birthplace

Tazee
(City or town)

Utah
(State or foreign country)

14. Exact Occupation

Rancher

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Hanes Stewart

17. Color or Race

White

18. Age at time of THIS birth 34 yrs.

19. Birthplace

Tazee
(City or town)

Utah
(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife Address

Date

State of Wyoming } ss.
County of Lincoln

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 47 years, and that Ingriter Nelson who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Franklin Lindholm Signature

Freedom Wyoming P. O. Address

Subscribed and sworn to before me this 24 day of Oct. 1942

Commission Expires May 14, 1945
(SEAL) S. F. Jenkins

Notary Public, residing at Freedom, Wyo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 29 1942 by S. F. Jenkins Registrar.

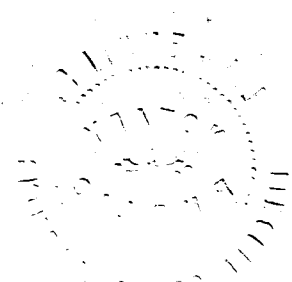
MAY 1 1961

OCT 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



369-211-029-752

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
OCT 30 1942
CERTIFICATE OF BIRTH
STATE OF IDAHO

359643
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee, Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At home residence
(e) Mother's stay BEFORE delivery:
IN THIS county 8 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.
Ilmo.

3. RESIDENCE OF FATHER (city, state) Genesee, Ida.

4. FULL NAME OF CHILD Bertha Angela Lorang
5. Date of Birth of Child (Month, day, year) Feb. 11, 1895
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	<u>John Lorang</u>	16. FULL MAIDEN NAME	<u>Mary Anna Gesellchen</u>
11. Color or Race	<u>White</u>	17. Color or Race	<u>White</u>
12. Age at time of THIS birth	<u>36</u> yrs.	18. Age at time of THIS birth	<u>34</u> yrs.
13. Birthplace (City or town) (State or foreign country)	<u>Johnsburg, Wisconsin, U.S.A.</u>	19. Birthplace (City or town) (State or foreign country)	<u>Mt. Calvary, Wisconsin, U.S.A.</u>
14. Exact Occupation	<u>Farmer</u>	20. Exact Occupation	<u>Housewife</u>
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Midwife _____ Address _____ Date _____
State of Idaho County of Latah } ss. _____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 47 years, and that Anna Marie Lorang (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christina Smolt Signature
Walnut Street, Genesee, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of October, 1942
(SEAL) _____ Notary Public, residing at Genesee, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on OCT 30 1942 by John B. B. B. Registrar.

NOV 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

854-167. 04-623

359649

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce Local Reg. No. _____
Bureau of the Census OCT 30 1942 CERTIFICATE OF BIRTH STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City St. Charles
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
IN THIS county _____ years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City St Charles
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 2 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) St Charles Idaho

4. FULL NAME OF CHILD Joseph William Hemmert 5. Date of Birth of Child (Month, day, year) June 7 18 95
7. Twin or Triplet If so—born 8. No. months of Pregnancy 9. Legitimate? yes
6. Sex Male

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME William Hyrum Hemmert 16. FULL MAIDEN NAME Anna Catherine Osterlin
11. Color white 12. Age at time of THIS birth 32 yrs. 17. Color white 18. Age at time of THIS birth 28 yrs.
13. Birthplace Copenhagen Denmark (City or town) (State or foreign country) 19. Birthplace Stockholm Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer 20. Exact Occupation Housewife
15. Industry or Business _____ 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of Idaho } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Bear Lake

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 47 years, and that Dr. Agwile, who attended this birth is deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

St. Charles, Idaho P. O. Address
Subscribed and sworn to before me this 29 day of Oct., 1942
(SEAL) Sam C. Burns Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 30 1942 by Marj H. Hays Registrar.

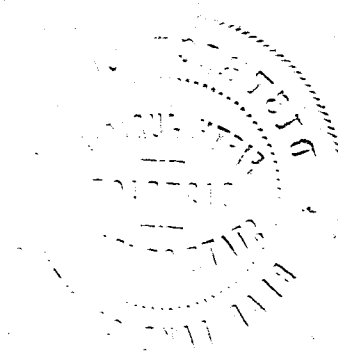
SEP 30 1959

NOV 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

478-125-029-418

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
OCT 30 1942
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **359656**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Latah** (b) City **Moscow**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county **9** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Latah**
(c) City **Moscow**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **9 years**

3. RESIDENCE OF FATHER (city, state) **Moscow, Ida**

4. FULL NAME OF CHILD **Roy Edwin Dahl**

5. Date of Birth of Child
(Month, day, year) **Nov. 25, 1895**

6. Sex **Male** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9 Mo.** 9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME **Edward Invald Dahl**
11. Color **White** 12. Age at time of THIS birth **46** yrs.
13. Birthplace **Oslo Norway**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **Ragnhild Mayland Dahl**
17. Color **White** 18. Age at time of THIS birth **40** yrs.
19. Birthplace **Madison Wisconsin**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **None**

23. Number of children of this mother: (a) At time of birth and including this child **10** (b) Born alive and now living **4**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of **Washington** County of **Spokane** } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **87** years of age, that I have known this person for **46** years, and that **Emma Sorby**, who attended this birth **Deceased** I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **27** day of **October**, 19**42**
(SEAL) **Ed Heggen** Notary Public, residing at **Spokane WA**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **OCT 30 1942** by **Mabel E. Eber**, Registrar.

JUL 15 1959

NOV 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-109-216-313

359724

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **359724**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Oakley</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Private home in Oakley</u> (e) Mother's stay BEFORE delivery: <u>4</u> years <u>4</u> months <u>4</u> days IN THIS county		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Oakley</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>9</u> yrs. 3. RESIDENCE OF FATHER (city, state) <u>Pocatello, Idaho</u>
---	--	--

4. FULL NAME OF CHILD Herbert Jacob Robison **5. Date of Birth of Child** (Month, day, year) Nov. 9, 1895

6. Sex Male **7. Twin or Triplet** neither **8. No. months of Pregnancy** 9 **9. Legitimate?** yes

FATHER OF CHILD 10. FULL NAME <u>Jacob Thomas Robison</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>33</u> yrs. 13. Birthplace <u>Beaver Bottoms, Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>none</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Ina Mary Holt Callister</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>31</u> yrs. 19. Birthplace <u>Beaver Bottoms, Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>none</u>	
---	--	--	--

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at M. on the date and at the place stated above, and that personal particulars were furnished by , who is related to this child as (Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho } **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of Bannock } ss.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 47 years, and that Sarah Bates, Midwife who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mae Ina McLaws Signature
330 North 12th, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of November, 1942
 (SEAL) Marion L. Coleman Notary Public, residing at Pocatello, Ida
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 19-1942 by Mabel F. Fisher, Registrar.

NOV 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing POSTAGE-PAID stamp to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

313-113-021-766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
OCT 19 1942
CERTIFICATE OF BIRTH
STATE OF IDAHO

359851
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Franklin</u> (b) City <u>Franklin</u> (c) Street Address or R.F.D. No. <u>do not remember</u> (d) Name of Hospital or Maternity Home: <u>Private Home</u> (e) Mother's stay BEFORE delivery: IN THIS county years months <u>7</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Kansas</u> (b) County <u>Osborn</u> (c) City <u>Osborn City</u> (d) Street Address or R.F.D. No. <u>4</u> (e) How long has MOTHER lived in Idaho? <u>7 days</u> yrs.	
4. FULL NAME OF CHILD <u>Alongo Larry Talmadge</u> i. Twin or Triplet If so, born 1st, 2nd, 3rd		3. RESIDENCE OF FATHER (city, state) <u>Osborn, Kansas</u> 5. Date of Birth of Child (Month, day, year) <u>Oct 13 1895</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>George Williams Talmadge</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>26</u> yrs. 13. Birthplace <u>Osborn City, Kansas</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Jewelry trade</u> 15. Industry or Business <u>Repair & retail trade</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Sarah M. Coop</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>25</u> yrs. 19. Birthplace <u>Sanford, Iowa</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Domestic</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. <u>✓</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Kansas }
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 47 years, and that Roberta who attended this birth. (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah M. Hudson Signature
307 N. Star El Dorado 7 Kansas P. O. Address

Subscribed and sworn to before me this 17 day of Oct. 1942
(SEAL) Frank E. Richter Notary Public, residing at El Dorado Kansas
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1942 by Mabel E. Nelson Registrar.

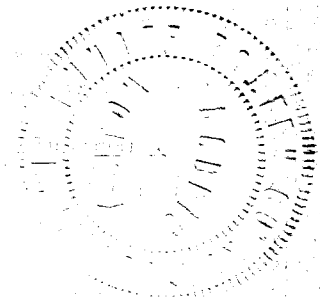
NOV 10 1942

APR 21 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

713-105001 533

359904

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Ranch west of Boise
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 25 years 7 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise Boise
(d) Street Address or R.F.D. No. Ranch west of
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Ida

4. FULL NAME

OF CHILD Howard Emerson Packenham

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

5. Date of Birth of Child 3/5/1895
(Month, day, year)

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Chester H. Packenham

11. Color White 12. Age at time 33 yrs.
or Race of THIS birth

13. Birthplace Clarinda, Page County, Iowa
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ollie Ellis

17. Color White 18. Age at time 25 yrs.
or Race of THIS birth

19. Birthplace Boise Idaho
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears
in Item 4, above, that I am now 80 years of age, that I have known this person for 47 years, and that

Dr. M. E. Spaulding
(First name) (Last name)

who attended this birth is now deceased I further state that
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Chester H. Packenham Signature

1803 N. 24th, Boise, Idaho. P. O. Address

Subscribed and sworn to before me this 29th day of October, 1942

(SEAL)

Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 7 1942 by Mary E. Lefter Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. NO charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

356-112 003-569

359916

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>McCammon</u> (c) Street Address or R.F.D. No. <u>Farm</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>3</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>McCammon</u> (d) Street Address or R.F.D. No. <u>on Farm</u> (e) How long has MOTHER lived in Idaho? <u>7</u> yrs.	
4. FULL NAME OF CHILD <u>Alva Alanson Lewis</u>		3. RESIDENCE OF FATHER (city, state) <u>McCammon Id.</u>	

6. Sex <u>Male</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
5. Date of Birth of Child (Month, day, year) <u>7-12-1895</u>			

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>JAMES ALVA LEWIS</u>	11. Color or Race <u>White</u>	16. FULL MAIDEN NAME <u>Ida Eleanor Norton</u>	17. Color or Race <u>White</u>
12. Age at time of THIS birth <u>29</u> yrs.	13. Birthplace <u>Coalville Utah</u> (City or town) (State or foreign country)	18. Age at time of THIS birth <u>25</u> yrs.	19. Birthplace <u>Brigham City Utah</u> (City or town) (State or foreign country)
14. Exact Occupation <u>FARMER.</u>	15. Industry or Business	20. Exact Occupation <u>House Wife</u>	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3..... (b) Born alive and now living 5.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D. Midwife Address** **Date**

State of California } **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Los Angeles } ss.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 47 years, and that Mary Goodenough, who attended this birth. DECEASED I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC
FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA
Subscribed and sworn to before me this 2 day of November, 1942
(SEAL) Fannie E. Weiss Notary Public, residing at Downey Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 7 1942 by Mabel T. Fisher Registrar.

NOV 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239 101028-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

NOV 9 1942

State File No. **359948**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay BEFORE delivery: Kootenai Co.
IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? Five yrs.
3. RESIDENCE OF FATHER (city, state) Post Falls, ID

4. FULL NAME OF CHILD Karl Blakeslee Stimson

5. Date of Birth of Child April 1, 1896
(Month, day, year)

6. Sex Male 7. Twin or Triplet Only child If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Lee Stimson
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Unknown Midwest.
(City or town) (State or foreign country)
14. Exact Occupation Rancher.
15. Industry or Business Rancher.

MOTHER OF CHILD

16. FULL MAIDEN NAME Nora Winifred Blakeslee
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Spartanburg, Penna.
(City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who wasat.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of New York
County of Chautauque } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above that I am now 72 years of age, that I have known this person for life years, and that name Unknown who attended this birth cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Ms. Nora W. Stimson Signature
639 E. So. Carey Pa. P. O. Address

Subscribed and sworn to before me this 3rd day of September 1942
(SEAL) W. J. Carruth Notary Public, residing at Ripley, N. Y.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on NOV 10 1942 by Marl T. E. E. E. Registrar.

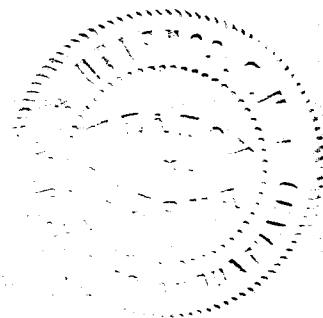
NOV-1 2 1942

NOV 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Idaho Falls</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Idaho Falls</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Hattie Peterson</u>		3. RESIDENCE OF FATHER (city, state) <u>Idaho Falls</u>	
6. Sex <u>female</u>		5. Date of Birth of Child (Month, day, year) <u>June 6th 1895</u>	
7. Twin or Triplet <u>No</u>		8. No. months of Pregnancy <u>9</u>	
9. If so-born 1st, 2nd, 3rd		9. Legitimate? <u>yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Pete Peterson</u>		16. FULL MAIDEN NAME <u>Christina Olson</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>28</u> yrs.		18. Age at time of THIS birth <u>36</u> yrs.	
13. Birthplace <u>Mora</u> <u>Sweden</u> (City or town) (State or foreign country)		19. Birthplace <u>Yemphland</u> <u>Sweden</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>house wife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN signature** _____ M.D. _____ Address _____ Date _____

State of _____ } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of _____ }

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 47 years, and that Annie Peterson who attended this birth is deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christina Peterson Signature
Robertson, Albert P. O. Address
November 1942

Subscribed and sworn to before me this _____ day of _____ 1942
(SEAL) _____ Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

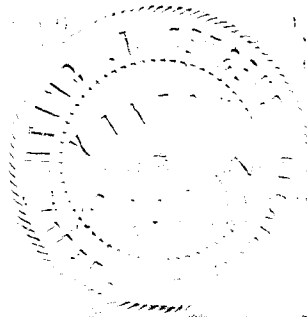
Received for filing on NOV 12 1942 by Marl Zellers Registrar.

NOV 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin, or guardian, or some person having direct knowledge in the premises.



759-119040 666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 7 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

360058

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child

(Month, day, year) June 19, 1895

4. FULL NAME OF CHILD

George Jacob Perrin

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Crowell Perrin

11. Color

White

12. Age at time

of THIS birth unknown yrs.

13. Birthplace

Providence, Rhode Island

(City or town)

(State or foreign country)

14. Exact

Occupation

Miner

15. Industry or

Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ollie Wood

17. Color

White

18. Age at time

of THIS birth 30 yrs.

19. Birthplace

Greenfield, Indiana

(City or town)

(State or foreign country)

20. Exact

Occupation

Housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Indiana } ss.
County of Danville

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 42 years, and that unknown (First name) unknown (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 22nd day of December, 1941

(SEAL)

Mary Ruth Bridges

Notary Public, residing at Greenfield Ind

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated, 1941)

Received for filing on

NOV 9 1942

by

Mary Ruth Bridges Registrar.

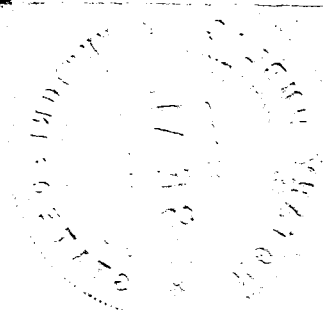
FEB 27 1959

NOV 13 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

592-120 021-244

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **360214**
Local Reg. No.
Reg. Dist. No.

- | | |
|--|--|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>Franklin</u> (b) City <u>Franklin</u>
(c) Street Address or R.F.D. No. <u>?</u>
(d) Name of Hospital or Maternity Home:
<u>at residence</u>
(e) Mother's stay BEFORE delivery:
<u>IN THIS</u> county <u>3</u> years <u>6</u> months days | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Franklin</u>
(c) City <u>Franklin</u>
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? <u>27</u> yrs. |
|--|--|

- | | |
|--|---|
| 4. FULL NAME OF CHILD <u>Carlyle Nibley</u> | 5. Date of Birth of Child <u>8 20 95</u>
(Month, day, year) |
| 6. Sex <u>Male</u> | 8. No. months of Pregnancy <u>9</u> |
| 7. Twin or Triplet <u>Single</u> | 9. Legitimate <u>Yes</u> |
| If so—born 1st, 2nd, 3rd <u>5</u> | |

- | | |
|--|--|
| FATHER OF CHILD
10. FULL NAME <u>Charles Wilson Nibley</u>
11. Color <u>White</u> 12. Age at time <u>46</u>
or Race <u>Hunterfield</u> of THIS birth yrs.
13. Birthplace <u>Scotland</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Lumber Business</u>
15. Industry or Business <u>Lumber</u> | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Julia Budge</u>
17. Color <u>White</u> 18. Age at time <u>33</u>
or Race <u>White</u> of THIS birth yrs.
19. Birthplace <u>Farmington Utah</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business |
|--|--|

- 22. Name prophylactic used to prevent Ophthalmia Neonatorum**
- 23. Number of children of this mother:** (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

- 24. I HEREBY CERTIFY** That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

- 25. Attendant's OWN signature** **M.D.** **Address** **Date**

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 47 years, and that (Midwife) MORGAN who attended this birth cannot be located I further state that (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Nibley Bullen Signature
Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this 14 day of November, 19 42
My commission expires 2/18/1945 Veda R. Schuster Notary Public, residing at Salt Lake, Ut.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

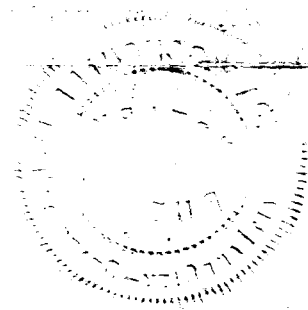
Received for filing on Nov 17 1942 by Mary E. Bullen, Registrar.

110003
NOV 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

231 205022-625

360435

360435

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Haden
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Haden
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
3. **RESIDENCE OF FATHER** (city, state) Haden Idaho

4. **FULL NAME OF CHILD** Martha Mae Black

5. Date of Birth of Child
(Month, day, year) 12-5-1895

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Andrew Black
11. Color White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Ephraim Idaho
(city or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Johanna Oberhausky
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Payson Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 47 years, and that unknown who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Johanna Black Signature
My commission expires Dec 1, 1942 P. O. Address
Subscribed and sworn to before me this 23rd day of November 1942
(SEAL) John E. Giddis Notary Public, residing at Star Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on DEC 3 1942 Mary E. Elder Registrar.

DEC 3 1942

JUL 17 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



419-215001-469

361698

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County..... Ada..... (b) City..... Star.....
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 9 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State..... Idaho..... (b) County..... Ada.....
(c) City..... Star.....
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

4. **FULL NAME OF CHILD** Emma Martin

5. Date of Birth of Child
(Month, day, year) Sept. 15, 1895

6. Sex F 7. Twin or Triplet - If so—born 1st, 2nd, 3rd - 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Benton Martin
11. Color or Race..... White..... 12. Age at time of THIS birth..... 36 yrs.
13. Birthplace..... Wagoner County - Arkansas.....
(City or town) (State or foreign country)
14. Exact Occupation..... Farmer.....
15. Industry or Business.....

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Morris
17. Color or Race..... White..... 18. Age at time of THIS birth..... 36 yrs.
19. Birthplace..... Wagoner County - Arkansas.....
(City or town) (State or foreign country)
20. Exact Occupation..... Housewife.....
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... 9..... (b) Born alive and now living..... 8.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at..... 10 A...... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by..... Mary Jane Martin....., who is
related to this child as..... Mother.....
(Mother, etc.)
25. Attendant's **OWN** signature..... Old Hall..... M.D.
Address..... Meridian, R.F.D..... Date..... 5/4/42

State of..... } ss.
County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....
(SEAL) Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on..... NOV 30 1942..... by..... W. J. E. E. E......, Registrar.

MAR 11 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

263-228-037-294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **361766**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) City De Lamar
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: 8 years 9 months days
IN THIS county

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City De Lamar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? (8) eight

3. **RESIDENCE OF FATHER** (city, state) De Lamar, Idaho

4. **FULL NAME OF CHILD** Irene Daisy Sothern
5. Date of Birth of Child Sept. 28, 1895
(Month, day, year)

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alfred Richard Sothern
11. Color white 12. Age at time 37 yrs.
or Race Bray of THIS birth
13. Birthplace Ireland
(City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Elizabeth Bruce
17. Color white 18. Age at time 39 yrs.
or Race Bray of THIS birth
19. Birthplace Ireland
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
State of Washington }
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 47 years, and that Dr. Plummer, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Hazel Sothern Carlson Signature

6719-5th Ave. N.W. Seattle, Wn. P. O. Address

Subscribed and sworn to before me this 30th day of November 1942
(SEAL) J. H. Roe Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

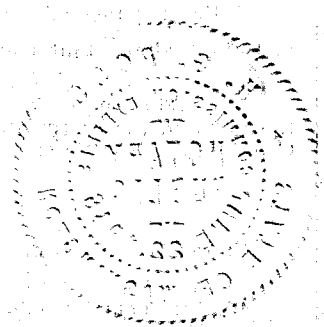
Received for filing on DEC 3 1942 by Mabel Z. Fisher Registrar.

DEC 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



168-117-236-215

361850

361850

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 361850
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oneida (b) City Treasureton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida
(c) City Treasureton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charles Russell Johnson

5. Date of Birth of Child
(Month, day, year) Sept 13 1895

6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Johnson
11. Color or Race white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Hyde Park Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Sant
17. Color or Race white 18. Age at time of THIS birth 21 yrs.
19. Birthplace Treasureton Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 7 A. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Eliza Johnson, who is
(First name) (Last name)
related to this child as Mother
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 68 years of age, that I have known this person for 47 years, and that
Jennah Milington, who attended this birth, is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Eliza Johnson Signature

Treasureton, Idaho P. O. Address

Subscribed and sworn to before me this 11 day of December, 1942

(SEAL)

Notary Public, residing at Preston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1942 by Marj E. Eder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

361909

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
DEC 4 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Elmore</u> (b) City <u>Mountain Home</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>In own home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>eight</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Elmore</u> (c) City <u>Mountain Home</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>Eight</u> yrs.	
4. FULL NAME OF CHILD. <u>JOHN HURCH CHATTIN</u>		5. Date of Birth of Child (Month, day, year) <u>January 25, 1895</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy <u>Nine</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Robert Payton Chattin</u>		16. FULL MAIDEN NAME <u>Alice Malvina Rising</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>31</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>36</u> yrs.
13. Birthplace <u>Carp (nr. Rhea Springs), Tennessee</u> (City or town) (State or foreign country)		19. Birthplace <u>Boyleville, Tennessee</u> (City or town) (State or foreign country)	
14. Exact Occupation		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Sheepraising and farming</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Not known</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>Four</u> (b) Born alive and now living <u>Four</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Dr. J. W. Nienkirk **M.D.** Midwife **Address** 2500 Durant Avenue, Berkeley, Calif. **Date** November 2, 1942

State of California
County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the elder sister.....of the person whose name appears in Item 4, above, that I am now 57.....years of age, that I have known this person for 47 1/2.....years, and that Dr. J. W. Nienkirk....., who attended this birth is now deceased..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 25TH day of November, 1942
(SEAL) [Signature] Notary Public, residing at Berkeley

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
NOTARY PUBLIC IN AND FOR THE COUNTY OF CALIFORNIA
My Commission Expires Feb. 18, 1943

Received for filing on DEC 8 1942 by Mary E. Elder Registrar.

DEC 8 1942

OCT 21 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

942-131-029-859

362043

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County. Tetrah (b) City. Moscow
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: at family home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State. Idaho (b) County. Tetrah
(c) City. Moscow
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 12 yrs.

4. **FULL NAME OF CHILD** Abner James Russell
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Moscow
5. Date of Birth of Child. (Month, day, year) July 31, 1895
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Herman Robert Russell
11. Color White 12. Age at time of THIS birth. 30 yrs.
13. Birthplace. Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** James Clemency Herbert
17. Color White 18. Age at time of THIS birth. 30 yrs.
19. Birthplace. Texas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child. 5 (b) Born alive and now living. 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of.....County of.....} ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Sister.....of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 47 years, and that.....Dr. Gritman....., who attended this birth.....is now deceased.....I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this.....day of....., 19.....
(SEAL) Notary Public Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....DEC 10 1942.....by.....Mabel Park....., Registrar.

DEC 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

381 101 029-294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **362240**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Satah (b) City Bolton
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ralph Glen Chaney

5. Date of Birth of Child
(Month, day, year) Nov 14 1895

6. Sex Male **7. Twin or** Single **If so—born**
Triplet 1st, 2nd, 3rd

8. No. months 9 **9. Legitimate?** Yes
of Pregnancy

FATHER OF CHILD

10. FULL NAME George W. Chaney
11. Color White **12. Age at time**
or Race White of THIS birth 134 yrs.
13. Birthplace Alora, Illinois
(City or town) (State or foreign country)
14. Exact Occupation General farming
15. Industry or Business 11 11

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Maud Sims
17. Color White **18. Age at time**
or Race White of THIS birth 20 yrs.
19. Birthplace West Indiana
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business 11 11

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by George W. Chaney, who is
(First name) (Last name)
related to this child as Father
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears
in Item 4, above, that I am now 81 years of age, that I have known this person for 47 years, and that
Dr. Stallin who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

George W. Chaney Signature
Viola, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of October, 19 42

(SEAL)

HARRY A. THATCHER, County Recorder

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) by Rose B. Bauer Deputy

Received for filing on DEC 14 1942 by Marj T. Eberline Registrar.

NOV 17 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **363497**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County Bingham (b) City Swan Lake (c) Street Address or R.F.D. No. RR (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county 20 years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State Idaho (b) County Bingham (c) City Swan Lake (d) Street Address or R.F.D. No. RR (e) How long has MOTHER lived in Idaho? 20 yrs.
3. RESIDENCE OF FATHER (city, state) Swan Lake		

4. FULL NAME OF CHILD Pearl Elizabeth Petterson	5. Date of Birth of Child (Month, day, year) Sept. 4, 1895
6. Sex Female	7. Twin or Triplet _____ 8. No. months of Pregnancy 9mo 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME Cornealious Petterson	16. FULL MAIDEN NAME Eva Quigley	17. Color or Race White	18. Age at time of THIS birth 21 yrs.
11. Birthplace Logan, Utah (City or town) (State or foreign country)	19. Birthplace Clarkston, Utah (City or town) (State or foreign country)	13. Color or Race White	14. Age at time of THIS birth _____ yrs.
15. Exact Occupation Farming	20. Exact Occupation House Wife	15. Industry or Business _____	21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **2**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Midwife Address** _____ **Date** _____

State of **Idaho** } **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of **Twin Falls** } ss.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **69** years of age, that I have known this person for **47** years, and that **Mrs Kindle midwife** who attended this birth **deceased** I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Eva Petterson Mother Signature
Buhl, Idaho P. O. Address

Subscribed and sworn to before me this **16th** day of **December**, 19**42**
(SEAL) **A. J. Amos** Notary Public, residing at **Buhl, Idaho**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on **DEC 28 1942** by **Mary E. Peterson** Registrar.

DEC 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

435-117004-243

363533

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>BEAR LAKE</u> (b) City <u>MONTPELIER</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>AT HOME</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>10</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>BEAR LAKE</u> (c) City <u>MONTPELIER</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	
4. FULL NAME OF CHILD <u>VINGENT THOMAS MCENTEE</u>		5. Date of Birth of Child <u>FEBRUARY 17 1895</u> (Month, day, year)	
6. Sex <u>MALE</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet <u>NO</u> If so—born 1st, 2nd, 3rd <u>1ST</u>		9. Legitimate? <u>YES</u>	
FATHER OF CHILD 10. FULL NAME <u>OWEN MCENTEE</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>46</u> yrs. 13. Birthplace <u>CORK</u> <u>IRELAND</u> (City or town) (State or foreign country) 14. Exact Occupation <u>RAILROAD ENGINEER</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>JULIA ABIGAIL SULLIVAN</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>34</u> yrs. 19. Birthplace <u>MARENGO</u> <u>ILLINOIS</u> (City or town) (State or foreign country) 20. Exact Occupation <u>DRESS MAKER</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as
 (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Oregon
 County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the COUSIN of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 47 years, and that MIDWIFE (First name) DECEASED (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude Miller Signature
1720 SE 135th Ave. Portland, Oregon P. O. Address

Subscribed and sworn to before me this 26 day of Dec. 1942.

(SEAL) H. Red A. Gilchhoff, Mill 2-7-44 Notary Public, residing at Portland, Oreg.
 (Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1942 by Marj T. E. L. Registrar.

DEC 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>LEMHI</u> (b) City <u>SALMON</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>4</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>LEMHI</u> (c) City <u>SALMON</u> (d) Street Address or R.F.D. No. <u>NOW CARMEN, IDAHO</u> (e) How long has MOTHER lived in Idaho? <u>7</u> yrs.	
4. FULL NAME OF CHILD <u>BEATRICE FANNIE SLAVIN</u>		5. Date of Birth of Child (Month, day, year) <u>FEB. 22, 1895</u>	

6. Sex <u>female</u>		7. Twin or Triplet		8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>Yes</u>	
FATHER OF CHILD				MOTHER OF CHILD			
10. FULL NAME <u>WILLIAM WALLACE SLAVIN</u>				16. FULL MAIDEN NAME <u>FRANCES KADLETZ</u>			
11. Color or Race <u>WHITE</u>				17. Color or Race <u>WHITE</u>			
12. Age at time of THIS birth <u>36</u> yrs.				18. Age at time of THIS birth <u>22</u> yrs.			
13. Birthplace <u>MALONE NEW YORK</u> (City or town) (State or foreign country)				19. Birthplace <u>HIGH RIDGE MISSOURI</u> (City or town) (State or foreign country)			
14. Exact Occupation <u>RANCHER</u>				20. Exact Occupation <u>HOUSEWIFE</u>			
15. Industry or Business <u>RANCHING</u>				21. Industry or Business			

22. Name prophylactic used to prevent Ophthalmia Neonatorum. 0
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as WIFE (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of IDAHO } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of LEMHI

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 47 years, and that DR. WHITWELL who attended this birth IS NOW DECEASED I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frances Kadletz Slavins Signature
SALMON, IDAHO P. O. Address

Subscribed and sworn to before me this 4th day of JANUARY, 1943
(SEAL) Maurine C. McBride Notary Public, residing at SALMON, IDAHO
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

JAN - 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.~~

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

528-217040-255

363810

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 8 1943

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Fraser
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Fraser
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Fraser, Idaho
5. Date of Birth of Child
(Month, day, year) July 17, 1895

4. **FULL NAME OF CHILD** Ethel Alice Eby

6. Sex female 7. Twin or Triplet - If so—born 1st, 2nd, 3rd - 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles L. Eby
11. Color white 12. Age at time or Race of THIS birth 23 yrs.
13. Birthplace Marion County, Kansas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cordelia A. Knepper
17. Color white 18. Age at time or Race of THIS birth 20 yrs.
19. Birthplace Missouri
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business self

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 10:30 P. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Charles L. Eby, who is
related to this child as Father
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature Dr. Lewis Reed M.D. Midwife Address Date

State of Idaho ss.
County of Clearwater

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 46 years, and that Dr. Lewis Reed, who attended this birth deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles L. Eby Signature
Peck, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of June, 19 42
(SEAL) Notary Public, residing at Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1943 by Mary Eby, Registrar.

JAN 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

296-208 029 415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **363833**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah Co. (b) City Troy
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county four years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? four yrs.

3. RESIDENCE OF FATHER (city, state) Troy, Idaho
5. Date of Birth of Child
(Month, day, year) march 8 - 1895

4. FULL NAME OF CHILD. Olive Gertrude Brown

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Benedict Brown
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Louisville, Kentucky
(City or town) (State or foreign country)
14. Exact Occupation Livery Stable Business
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Daniels
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Richfield, Wisconsin
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child four (b) Born alive and now living four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California } ss.
County of San Joaquin

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for life years, and that Julia E. Daniels, who attended this birth deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 29 day of March, 1941

(SEAL)

Notary Public, residing at Santa Rosa, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1943 by Marl E. Egan, Registrar.

JAN 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 33 Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469 222 028 569

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **363970**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Rural
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Lake Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ida Belle Morris

5. Date of Birth of Child
(Month, day, year) Jan 22, 1925

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Henry Morris
11. Color white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Kansas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effa Ewing
17. Color white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wash. }
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 48 years, and that Dr. Witter, who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Missouri Belle Ewing Signature
316 Broadway, Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 17th day of December, 1942

(SEAL)

Hubert A. Beardslee Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1943 by Mary E. Ewing, Registrar.

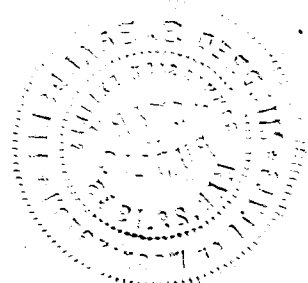
JAN 15 1943

JAN 15 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

#212-212-007-963

363996

363996

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Picabo
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Picabo
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
3. **RESIDENCE OF FATHER** (city, state) Picabo, Ida

4. **FULL NAME OF CHILD** Verna Esther Baker
5. Date of Birth of Child
(Month, day, year) Apr. 12, 1895
6. Sex female 7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Lewis John Baker
11. Color white 12. Age at time of THIS birth 44 yrs.
13. Birthplace Iowa
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Carolina Christina Ifland
17. Color white 18. Age at time of THIS birth 37 yrs.
19. Birthplace Germany
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature.....M.D. Midwife Address.....Date.....

State of Idaho } ss.
County of Gooding

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4 above, that I am now 84 years of age, that I have known this person for 47 years, and that Mrs. Carey....., who attended this birth.....deceased.....I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carolina Christina Baker Signature
Gooding, Idaho P. O. Address

Subscribed and sworn to before me this 7 day of August, 1942
(SEAL) Leona W. Lucke Notary Public, residing at Gooding, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1943 by....., Registrar.

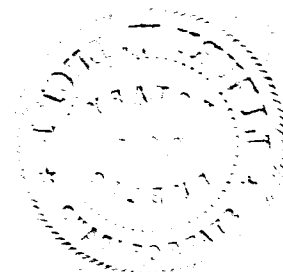
JAN 20 1943

OCT 20 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

816-108 002-395

364007

364007

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Adams</u> (b) City (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State (b) County (c) City (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs.
3. RESIDENCE OF FATHER (city, state)		

4. FULL NAME OF CHILD <u>Sylvester Helay</u>	5. Date of Birth of Child (Month, day, year) <u>Nov. 9th 1895</u>
6. Sex <u>male</u>	8. No. months of Pregnancy
7. Twin or Triplet	9. Legitimate? <u>yes</u>

FATHER OF CHILD

10. FULL NAME <u>Sylvester Haworth</u>
11. Color or Race <u>white</u>
12. Age at time of THIS birth <u>47</u> yrs.
13. Birthplace (City or town) <u>Iowa</u> (State or foreign country)
14. Exact Occupation <u>Farmer</u>
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME <u>Susie Lindsay</u>
17. Color or Race <u>white</u>
18. Age at time of THIS birth <u>47</u> yrs.
19. Birthplace (City or town) <u>Missouri</u> (State or foreign country)
20. Exact Occupation <u>House wife</u>
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho } SS.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 47 years, and that Mr. Wickerson (First name) Anderson (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Ivy Anderson Signature

Subscribed and sworn to before me this 20 day of January, 19 43
(SEAL) Pauline Anderson Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

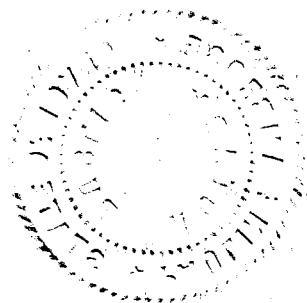
Received for filing on JAN 25 1943 by Mabel Elder Registrar.

JAN 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest father or guardian, or some person having direct knowledge in the premises.



213-227029-753

364027

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. None then
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho**4. FULL NAME OF CHILD** Mabel Dorthea Sather

5. Date of Birth of Child
(Month, day, year) Aug. 27, 1895

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Bendik Sather
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Norway
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Peterson
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace North Dakota
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum No.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 47 years, and that Mrs. J. Freng, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Martha Sather Signature
703 S. Adams St., Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of January, 1943.

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public, residing at Moscow, Idaho

Received for filing on JAN 26 1943 by Mabel Peterson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

963-108-209-691
United States Department of Commerce Bureau of the Census
Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO
State File No. **364087**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items of time of this birth)
(a) County Bonner (b) City Hope
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Hope
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hope Idaho

4. **FULL NAME OF CHILD** Paul Frederick Roth
5. Date of Birth of Child
(Month, day, year) Nov 2, 1895

6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Victor Wilhelm Roth
11. Color or Race White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Nendenau Baden Germany
(City or town) (State or foreign country)
14. Exact Occupation Clergysman
15. Industry or Business Clergysman

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Florence Sedalia Fraker
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Garnet, Anderson, Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 46 years, and that Doctor Lieberg who attended this birth. Address Unknown further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
Florence Sedalia Roth Signature
Santa Monica Calif 623-9458 P. O. Address

Subscribed and sworn to before me this 15 day of Dec, 1942
(SEAL) Clayd C. Hall Notary Public, residing at Santa Monica Calif
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1943 by Mabel Beeder Registrar. Calif

JAN 20 1943

U. S. DEPARTMENT OF AGRICULTURE

ADMINISTRATIVE

STATE

SEP

7 1960

SEP

22 1958

APR 21 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

359-103035 597

364173

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nez Perce</u> (b) City <u>Lewiston</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Stayed at home</u> (e) Mother's stay BEFORE delivery: <u>IN THIS</u> county <u>4</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Lewiston</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>13</u> yrs.	
4. FULL NAME OF CHILD <u>Joseph Wesley Terteling</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		3. RESIDENCE OF FATHER (city, state) <u>Lewiston, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>August 3, 1895</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Joseph August Terteling</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>34</u> yrs. 13. Birthplace <u>Kansas City, Kansas</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Contractor</u> 15. Industry or Business <u>Brick maker</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Vady Jane Nixon</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>23</u> yrs. 19. Birthplace <u>Johnson County, Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 3:00 A. M. on the date (Born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by Vady Jane Terteling, who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____

State of Idaho }
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 47 years, and that Dr. Kelly, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vady Jane Terteling Signature
1019 No. 18th St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of January, 1943

(SEAL) Marion Henger Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

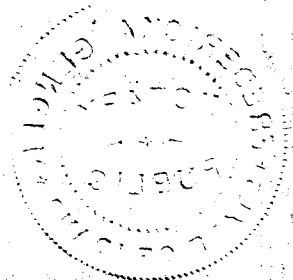
Received for filing on JAN 19 1943 by Marion Henger, Registrar.

FEB 12 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

241-111025-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **965271**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No. no
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

4. **FULL NAME OF CHILD** Milton Robert Smalles
6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 1st

3. **RESIDENCE OF FATHER** (city, state) Idaho
5. Date of Birth of Child (Month, day, year) July 11, 1895
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Robert E. Smalles
11. Color white 12. Age at time of THIS birth 35 yrs.
13. Birthplace Walla Walla, Wash.
(City or town) (State or foreign country)
14. Exact Occupation Laborer - 1
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary C. Blackley
17. Color white 18. Age at time of THIS birth 32 yrs.
19. Birthplace State of Ore.
(City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Boise } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 72 years of age, that I have known this person for 47 years, and that Mrs. Canastin who attended this birth dead. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Smalles Franklin Signature
Leventon, Ida. P. O. Address

Subscribed and sworn to before me this 20 day of Jan. 1943
(SEAL) John P. Phillips Notary Public, residing at Leventon, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

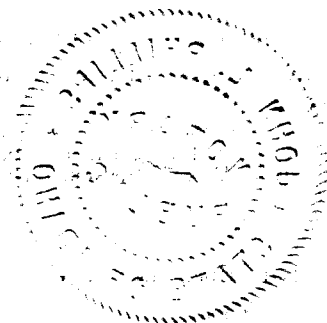
Received for filing on JAN 22 1943 by Mary E. Fisher, Registrar.

JAN 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

363 221 003 635

365480

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Lago

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: Own Home

(e) Mother's stay BEFORE delivery: 20 years 0 months 0 days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock

(c) City Lago

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 20 yrs.

4. FULL NAME OF CHILD

Ira Forrest Collins

5. Date of Birth of Child

(Month, day, year) 1-21-1895

6. Sex Female

7. Twin or

Triplet

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fred William Collins

11. Color White 12. Age at time of THIS birth 58 yrs.

13. Birthplace Cork Ireland

(City or town) (State or foreign country)

14. Exact Occupation Naturalized Citizen

15. Industry or Business Stockman & Rancher

MOTHER OF CHILD

16. FULL MAIDEN NAME Melissa Ann Fletcher

17. Color White 18. Age at time of THIS birth 35 yrs.

19. Birthplace Little Rock Arkansas

(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is

related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho }
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother-in-law of the person whose name appears

in Item 4, above, that I am now 72 years of age, that I have known this person for 48 years, and that

Gause McFellor (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank E. Ellis Signature
Pocatello Idaho 444 South 8th P.O. Address

Subscribed and sworn to before me this 22 day of January

(SEAL)

R. V. Wells

Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

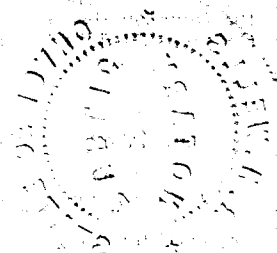
Received for filing on JAN 29 1943 by Mabel E. Egan, Registrar.

FEB 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

649-109 040-622

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **365492**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Shoshone</u> (b) City <u>Kelly, Ida</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>8</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Shoshone</u> (c) City <u>Kelly, Ida</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	
4. FULL NAME OF CHILD <u>Charles Fletcher Furbush</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		5. Date of Birth of Child (Month, day, year) <u>July 9-1893-</u> 6. Sex <u>male</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Charles Fletcher Furbush</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>49</u> yrs. 13. Birthplace <u>Agusta Maine</u> (City or town) (State or foreign country) 14. Exact Occupation 15. Industry or Business <u>Dairyman</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Eva Casborn</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>37</u> yrs. 19. Birthplace <u>Springfield Ill</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D. Midwife Address Date**

State of Oregon }
County of Lane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the SISTER of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 47 years, and that Flora Schools, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Furbush Skinner Signature

Eugene Oregon P. O. Address

Subscribed and sworn to before me this 26 day of December, 1943

(SEAL) Russell P. Richmond Notary Public, residing at Eugene Oregon
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1943 by Mabel Furbush, Registrar.

FEB 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

168-211031619
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

365517
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Lewis</u> (b) City <u>Forest</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>At home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years <u> </u> months <u> </u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lewis</u> (c) City <u>Forest</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>1</u> yr. <u> </u> yrs.
3. RESIDENCE OF FATHER (city, state) <u>Forest, Idaho</u>		

4. FULL NAME OF CHILD <u>Mayme Etta Johnson</u>	5. Date of Birth of Child (Month, day, year) <u>March 11, 1895</u>
6. Sex <u>female</u>	8. No. months of Pregnancy <u>9</u>
7. Twin or Triplet <u>Triplet</u>	9. Legitimate? <u>Yes</u>

FATHER OF CHILD	
10. FULL NAME <u>John Johnson</u>	12. Age at time of THIS birth <u>42</u> yrs.
11. Color or Race <u>White</u>	
13. Birthplace <u>Bangor</u> (City or town)	<u>Maine</u> (State or foreign country)
14. Exact Occupation <u>Farmer</u>	
15. Industry or Business <u>Agriculture</u>	

MOTHER OF CHILD	
16. FULL MAIDEN NAME <u>Mary Eva Fairbanks</u>	18. Age at time of THIS birth <u>42</u> yrs.
17. Color or Race <u>white</u>	
19. Birthplace <u>Waupun</u> (City or town)	<u>Wisconsin</u> (State or foreign country)
20. Exact Occupation <u>housewife</u>	
21. Industry or Business <u>home</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature	M.D.	Address	Date
--------------------------------------	-------------	----------------	-------------

State of <u>Washington</u>	} ss.	AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of <u>Asotin</u>		

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 47 years, and that unknown who attended this birth is unknown. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Witness: Mary Eva Johnson Signature

Subscribed and sworn to before me this day of January, 1943.
Clarkston, Washington P. O. Address

(SEAL) Notary Public, residing at Clarkston, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1943 by Mabel E. Johnson, Registrar.

FEB 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



312-210 022-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No. **365518**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Freemont (b) City Reynolds
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at our home
(e) Mother's stay BEFORE delivery:
IN THIS county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Freemont
(c) City Reynolds Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state) Reynolds Idaho

4. FULL NAME OF CHILD

Naomi babble

5. Date of Birth of Child

(Month, day, year) 12 - 10 - 1895

6. Sex FEMALE

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Elijah J. Babble
11. Color white 12. Age at time
or Race white of THIS birth 32 yrs.
13. Birthplace Salt Lake City Utah
(City or town) (State or foreign country)
14. Exact Occupation Supt. water at time of death
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gunda Hjertina Larsen
17. Color white 18. Age at time
or Race white of THIS birth 27 yrs.
19. Birthplace Trondheim Norway
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother? (a) At time of birth and including this child 4 (b) Born alive and now living 26

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Freemont

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
in Item 4, above, that I am now 73 years of age, that I have known this person for 46 years, and that
E. Babble waltz, who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Gunda H. Babble ^{formally} Signature
1064 So. 17 East Salt Lake City Utah P. O. Address

Subscribed and sworn to before me this 14 day of June, 1925

(SEAL)

Notary Public, residing at Idaho Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUN 16 1942 by Marie E. Lippert, Registrar.

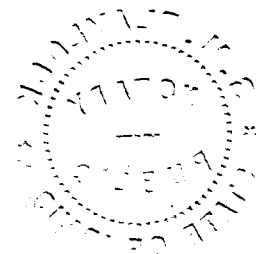
FEB 3 1943

FEB 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

444-206-016-482

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **365568**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. R F D
(d) Name of Hospital or Maternity Home:
at our own residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. R F D
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley, Idaho

4. FULL NAME OF CHILD Reve Leona Dummer

5. Date of Birth of Child
(Month, day, year) 6 Aug. 1895

6. Sex F 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Chas. Arthur Dummer
11. Color or Race W 12. Age at time of THIS birth 25 yrs.
13. Birthplace St. Thomas Clark Co. Nevada
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Stock raiser

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Janett McBride
17. Color or Race W 18. Age at time of THIS birth 20 yrs.
19. Birthplace Grantsville, Tonnele Co. Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Nurse

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____

State of California }
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 48 years, and that Urilda J. McBride, who attended this birth. Deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Agnes Janett McBride Dummer Signature
211 West 74 Street, Los Angeles P. O. Address

Subscribed and sworn to before me this 28 day of January, 1943

(SEAL)

Notary Public, residing at 3978 So. La Salle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1 1943 by Marj E. Egan Registrar.

FEB 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

413 224044-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

365652

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Wash. (b) City Middle Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Farm Home
(e) Mother's stay BEFORE delivery:
IN THIS county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Washington
(c) ~~City~~ Middle Valley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 24 yrs.

4. FULL NAME OF CHILD

Nancy Ruth Mackey

6. Sex

Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? Yes

5. Date of Birth of Child
(Month, day, year) Feb. 24-1895

FATHER OF CHILD

10. FULL NAME

Thomas Mackey

11. Color White
or Race

12. Age at time
of THIS birth 45 yrs.

13. Birthplace Holt Co. Missouri
(City or town)

(State or foreign country)

14. Exact
Occupation Farmer

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Lucy Floy Keithly

17. Color White
or Race

18. Age at time
of THIS birth 35 yrs.

19. Birthplace St. Charles Co. Missouri
(City or town)

(State or foreign country)

20. Exact
Occupation House wife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of California } ss.
County of Plumas

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 72 years of age, that I have known this person for years, and that

S. S. Keithly, who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Lucy F. Mackey Signature
Notary Public O. Address

Subscribed and sworn to before me this 7th day of July, 1943

(SEAL)

Notary Public, residing at California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1943 by Marl T. E. E. E. Registrar.

FEB 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

491230 036-453.

365697

365697

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Malad</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>18</u> years months days	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Malad</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>65</u> yrs.
3. RESIDENCE OF FATHER (city, state) <u>Malad, Ida</u>	

4. FULL NAME OF CHILD <u>Mary Louise Drake</u>	5. Date of Birth of Child (Month, day, year) <u>Aug. 30, 1895</u>
6. Sex <u>female</u>	7. Twin or Triplet <u> </u> If so—born 1st, 2nd, 3rd <u> </u>
8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>David Belding Drake</u>	16. FULL MAIDEN NAME <u>Sarah Metcalf</u>		
11. Color or Race <u>white</u>	17. Color or Race <u>white</u>		
12. Age at time of THIS birth <u>24</u> yrs.	18. Age at time of THIS birth <u>21</u> yrs.		
13. Birthplace <u>Stockholm</u> <u>New York</u> (City or town) (State or foreign country)	19. Birthplace <u>Hyde Park</u> <u>Utah</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Livestock business</u>	20. Exact Occupation <u>housewife</u>		
15. Industry or Business <u>Livestock business</u>	21. Industry or Business <u>housewife</u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 7 A. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Sarah Drake, who is (First name) (Last name)
related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____
Midwife

State of Idaho } **AFFIDAVIT** to be completed when the attendant does not sign
County of Custer } in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 47 years, and that Dr. Frank McAtee, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah M. Drake Signature

Challis, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of February, 1943

(SEAL) [Signature] Notary Public, residing at Challis, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1943 by Mary E. Elden, Registrar.

FEB 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

753 206 033 155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 8 1943

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 365792
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Madison</u> (b) City <u>Driggs</u> (c) Street Address or R.F.D. No. <u>G.D.</u> (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: IN THIS county years <u>7</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Madison</u> (c) City <u>Driggs</u> (d) Street Address or R.F.D. No. <u>G.D.</u> (e) How long has MOTHER lived in Idaho? <u>7</u> mos. yrs.	
4. FULL NAME OF CHILD <u>Nina Petersen</u> <u>Female</u>		5. Date of Birth of Child (Month, day, year) <u>Nov. 6, 1895</u>	
6. Sex <u>Female</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet <u>one</u> If so—born 1st, 2nd, 3rd		9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Lars Pete Petersen</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>35</u> yrs. 13. Birthplace <u>Copen Hagen, Denmark</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Corline Jensen</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>32</u> yrs. 19. Birthplace <u>Copen Hagen, Denmark</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Idaho }
County of Madison } ss. 4

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4. above, that I am now 79 years of age, that I have known this person for 47 years, and that Kathryn Larson, who attended this birth, Deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Corline Petersen Signature

Subscribed and sworn to before me this 5 day of February, 1943

(SEAL)

Notary Public, residing at Leadon, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1943 by Mary Elder, Registrar.

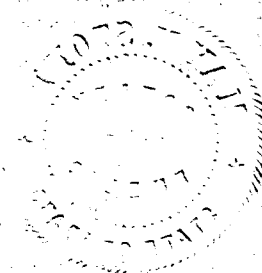
FEB 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RECEIVED BY MAIL



355-223 022-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **365879**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Independence
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Beaver
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
3. **RESIDENCE OF FATHER** (city, state) Beaver, Idaho

4. **FULL NAME OF CHILD** Aida Lee
5. Date of Birth of Child Sept 23-1895
(Month, day, year)
6. Sex female
7. Twin or Triplet
8. No. months of Pregnancy 9
9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|---|--|--|
| 10. FULL NAME <u>Samuel Wolcott Lee</u> | 11. Color <u>white</u> | 16. FULL MAIDEN NAME <u>Minnie Birchler</u> | 17. Color <u>white</u> |
| 12. Age at time of THIS birth <u>34</u> yrs. | 13. Birthplace <u>Utah</u>
(City or town) (State or foreign country) | 18. Age at time of THIS birth <u>25</u> yrs. | 19. Birthplace <u>Coalville, Utah</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation <u>Farmer</u> | 15. Industry or Business | 20. Exact Occupation <u>Housewife</u> | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 47 years, and that midwife who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie M. Collier Signature
639 E 97 Los Angeles Calif P. O. Address

Subscribed and sworn to before me this 10 day of Feb. 19 43
(SEAL) Robert H. Latta Notary Public, residing at 9008 84th Ave.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

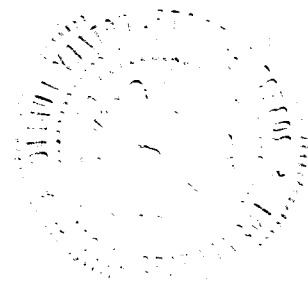
Received for filing on FEB 15 1943 by Mary E. Latta Registrar.

FEB 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

632-113-216-847

365928

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Bridge</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>1st Private Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Bridge</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>27</u> yrs.	
4. FULL NAME OF CHILD <u>Frank Olson</u>		3. RESIDENCE OF FATHER (city, state) <u>Bridge Ida</u>	
6. Sex <u>Male</u> 7. Twin or Triplet <u> </u> If so—born 1st, 2nd, 3rd		5. Date of Birth of Child (Month, day, year) <u>OCT. 13, 1895</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>YES</u>	
FATHER OF CHILD 10. FULL NAME <u>Andrew Olson</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>35</u> yrs. 13. Birthplace <u>Salt Lake Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Rancher</u> 15. Industry or Business <u>Forming Live Stock</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Pauline HugenTobler</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>21</u> yrs. 19. Birthplace <u>Gunnison Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business <u>In Home</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>not known</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>11</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Annie McGill, who is related to this child as Aunt (Mother, etc.) (First name) (Last name)
25. Attendant's OWN signature Annie McGill **Midwife** acting in lieu of midwife Address Bridge Idaho Date Feb. 3, 1943

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1943

by

Mary E. Elder

Registrar.

FEB 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

285-124-028-392

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **365967**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private
address was Tekoa, Wash.
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Mediavast
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

4. FULL NAME OF CHILD Stephen Earl Shea
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

3. RESIDENCE OF FATHER (city, state) Mediavast, Ida
5. Date of Birth of Child (Month, day, year) Jan. 24, 1895

FATHER OF CHILD
10. FULL NAME Joseph Shea
11. Color or Race white 12. Age at time of THIS birth 38 yrs.
13. Birthplace Ontario, Canada
(City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Hotel

MOTHER OF CHILD
16. FULL MAIDEN NAME Evelyn Liberty
17. Color or Race white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Manchester, N. H.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date
State of Washington County of Spokane } ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 25 years of age, that I have known this person for 48 years, and that D. V. Mosier, who attended this birth is deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Joseph Shea Signature
15 N. 2nd St. Spokane, Ida P. O. Address
Subscribed and sworn to before me this 15 day of February, 1935
(SEAL) Notary Public, residing at Spokane, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

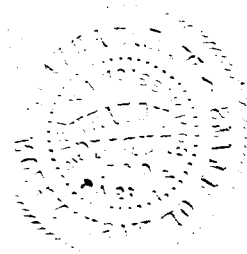
Received for filing on FEB 18 1943 by Mary Elder Registrar.

FEB 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

951-108-004-396 365977

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bear Lake</u> (b) City <u>Dingle</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>own home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>9</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bear Lake</u> (c) City <u>Dingle</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>9</u> yrs.	
4. FULL NAME OF CHILD <u>George Douglas Peam</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		3. RESIDENCE OF FATHER (city, state) <u>Dingle Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Nov 8 - 1895</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>William Dewine Peam</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>36</u> yrs. 13. Birthplace <u>Chariton Iowa</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer and Stock raiser</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Nora Ellen Crockett</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>33</u> yrs. 19. Birthplace <u>Logan Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. None used.
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 10 P.M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Nora E. Peam, who is related to this child as Mother (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____

State of California }
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for all his life years, and that Jane Sparks, who attended this birth deceased (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Ellen Crockett Peam Signature

My Commission Expires June 10, 1946 929 Garista Ave Long Beach California P. O. Address

Subscribed and sworn to before me this 13 day of February, 1943

(SEAL) Barth A. Eldridge Notary Public, residing at Long Beach

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17914, Idaho Code Annotated.) Long Beach Calif

Received for filing on FEB 18 1943 by Mary J. [Signature] Registrar.

FEB 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 366037
Local Reg. No. 366037
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>KOOTENAI</u> (b) City <u>HARRISON</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mother's stay BEFORE delivery: _____ IN THIS county years <u>2</u> months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>KOOTENAI</u> (c) City <u>HARRISON</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>2</u> <u>MO</u>	
4. FULL NAME OF CHILD <u>HAZEL ANONA YORK</u>		5. Date of Birth of Child (Month, day, year) <u>5-13-1895</u>	
6. Sex <u>FEMALE</u> 7. Twin or Triplet _____ If so, born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9MO</u> 9. Legitimate? <u>YES</u>	
FATHER OF CHILD 10. FULL NAME <u>HEBER CLAY YORK</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>ALABAMA</u> (City or town) (State or foreign country) 14. Exact Occupation <u>LABOR</u> 15. Industry or Business <u>SAWMILL WORKER</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>DELIA ELIZABETH TREVILLON</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>18</u> yrs. 19. Birthplace <u>PEORIA ILLINOIS</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSE WIFE</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Midwife Address Date** _____

State of OREGON
County of LANE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for LIFE TIME years, and that Dr JONNY BUSBY who attended this birth DECEASED. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Clay York Signature

NOTARY PUBLIC FOR OREGON

MY COMMISSION EXPIRES APR. 12, 1944

Subscribed and sworn to before me this

18 day of February

P. O. Address

(SEAL)

Eula B. Howell

Notary Public, residing at Eugene, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

FEB 25 1943

by

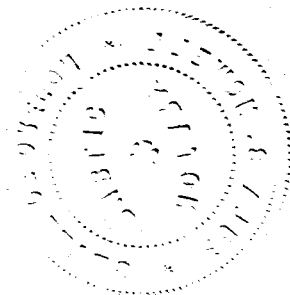
Henry Clay York

Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

257-106-022-249

366068

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Fremont</u> (b) City <u>Hibbard</u> (c) Street Address or R.F.D. No. <u>R.F.D. #</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>Hibbard</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>11</u> yrs.	
4. FULL NAME OF CHILD <u>John Henry Keppner</u>		5. Date of Birth of Child (Month, day, year) <u>May 6 1895</u>	
6. Sex <u>male</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>John Keppner</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>24</u> yrs. 13. Birthplace <u>Logan Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Rachel Francis Smith</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>18</u> yrs. 19. Birthplace <u>Logan Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 1, (b) Born alive and now living 1.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)

25. Attendant's **OWN signature** _____ M.D. _____ Address _____ Date _____

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Moehner of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 48 years, and that Jennie Stephenson (First name) (Last name), who attended this birth. Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rachel F. Keppner Signature

58 W. 125 North, Rietburg, Idaho. P. O. Address

Subscribed and sworn to before me this 17th day of February, 1943
(SEAL) Reep A. Parker Notary Public, residing at Rietburg
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 22 1943 by Mary Elder, Registrar.

FEB 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

275-120-004313

366082

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Beauregard (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 18 years 6 months 6 days

4. FULL NAME OF CHILD Robert Wright Stephens

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Thomas Wright Stephens
11. Color White 12. Age at time of THIS birth 21 yrs.
13. Birthplace Montpelier Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Beauregard
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) same

5. Date of Birth of Child Sept 20, 1895
(Month, day, year)

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Lydia Latham
17. Color White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Salt Lake City Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Lane ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 66 years of age, that I have known this person for 47.6 years, and that Mrs Bridges who attended this birth. Deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Lydia Latham Kyne Signature
Veneta, Oregon. P. O. Address

Subscribed and sworn to before me this 20th day of February, 1943
(SEAL) H. H. Adams Notary Public, residing at Eugene, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) NOTARY PUBLIC FOR OREGON

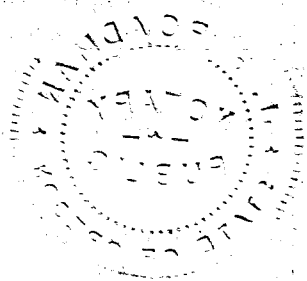
Received for filing on FEB 22 1943 by Mary Bridges Registrar.

FEB 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



469 204035-259

366136

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

Local Reg. No.

Reg. Dist. No.

FEB 8 1943

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Nez Perce (b) City Leland
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at Home

(e) Mother's stay BEFORE delivery:
IN THIS county 2 years 6 months 2 days

4. FULL NAME OF CHILD Vesta Morrison

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

FATHER OF CHILD
10. FULL NAME Wallace Wayne Morrison

11. Color or Race white 12. Age at time of THIS birth 30 yrs.

13. Birthplace Barry Illinois
(City or town) (State or foreign country)

14. Exact Occupation Farmer & Cattle man

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Nez Perce
(c) City Leland
(d) Street Address or R.F.D. No. none

(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) same

5. Date of Birth of Child
(Month, day, year) March 4 1895

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD
16. FULL MAIDEN NAME May Snider

17. Color or Race white 18. Age at time of THIS birth 21 yrs.

19. Birthplace Gleanwater Nebr.
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

25. Attendant's Deceased (Mother, etc.)
OWN signature

M.D.
Midwife

Address

Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 48 years, and that Dr. Bell, who attended this birth is now deceased, further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

May Morrison Signature

1828 S. Van Ness Ave. Los Angeles, Cal. P. O. Address

Subscribed and sworn to before me this 16th day of February, 1943.

(SEAL) Robert P. Jones Notary Public, residing at Los Angeles, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1943 by Marj E. Elder, Registrar.

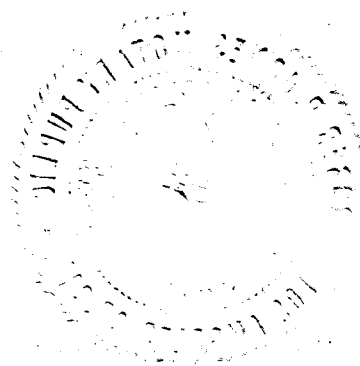
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

295701001 819
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

367232 ✓ 367232
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County ADA (b) City Boise
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? FOUR yrs.
3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** HARRY PURL BINGMAN
5. Date of Birth of Child (Month, day, year) 1/1/1895
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

- FATHER OF CHILD**
10. **FULL NAME** JACOB ANDERSON BINGMAN
11. Color or Race WHITE 12. Age at time of THIS birth 40 yrs.
13. Birthplace MISSOURI (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** ARISSA CLEMENTIN HARRY
17. Color or Race WHITE 18. Age at time of THIS birth 32 yrs.
19. Birthplace TENN. (City or town) (State or foreign country)
20. Exact Occupation FARMER'S WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____ (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Midwife _____ Address _____ Date _____
State of Idaho County of ada } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 79 years of age, that I have known this person for 47 years, and that Mr. Bowe, who attended this birth, deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arissa B. Bingman Signature
Meridian Idaho R1 P. O. Address

Subscribed and sworn to before me this 13 day of June, 1942
(SEAL) _____ Notary Public, residing at Meridian
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Mar 9 - 1943 by Mary E. Eder Registrar

MAR 9 1943

SEP 17 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-217008 693

367270 367270

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Boise (b) City Idaho City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Parent's home
(e) Mothers stay BEFORE delivery:
In THIS county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Boise
(c) City Idaho City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 72 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho City

4. FULL NAME OF CHILD

Marie Pauline Davis

5. Date of Birth of Child (Month, day, year)

Apr. 17, 18956. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 79. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Robert K. Davis

11. Color or Race

White

12. Age at time of THIS birth

32 yrs.

13. Birthplace

Jackson CountyOregon

(City or town)

(State or foreign country)

14. Exact Occupation

Merchant

15. Industry or Business

Hardware Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Christina May Orchard

17. Color or Race

White

18. Age at time of THIS birth

24 yrs.

19. Birthplace

PlacervilleIdaho

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by.....

(First name)

(Last name)

who is related as.....

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Address

Date

Midwife

State of Idaho } ss.
County of Ada }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 72 years of age, that I have known this person for 48 years, and that

Dr. Warren Newell who attended this birth is now deceased I further
(First Name) (Last Name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Subscribed and sworn to before me this 19th day of March, 1943

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on

MAR 20 1943

by

Maud E. Elder

Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1966

MAR 20 1943

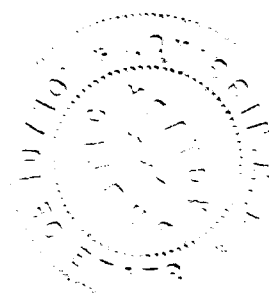
MAY 9 1950

JUN 1 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

366-210-037-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367330
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County. OWYhee (b) City. Badger Flat
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county four years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State. Idaho (b) County. OWYhee
(c) City. Deadwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.
3. **RESIDENCE OF FATHER** (city, state) Deadwood

4. **FULL NAME OF CHILD** Adeline Buelah Cook

5. Date of Birth of Child
(Month, day, year) June 10, 1895

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter Talbert Cook
11. Color White 12. Age at time of THIS birth. 38 yrs.
13. Birthplace. Monticello, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Stockraiser and Farmer
15. Industry or Business Stockman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Kate Johnston
17. Color White 18. Age at time of THIS birth. 32 yrs.
19. Birthplace. Bentonville, Arkansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum. None
23. Number of children of this mother: (a) At time of birth and including this child. one (b) Born alive and now living Three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of. IDAHO
County of. Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 78 years of age, that I have known the person for 47 years, and that Mr. GRADALL DUNN, who attended this birth, is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Mrs Kate Cook P. O. Address Hayman Idaho

Subscribed and sworn to before me this 12th day of December, 1942
(SEAL) [Signature] Notary Public, residing at Hayman Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....by Mary E. Eder, Registrar.

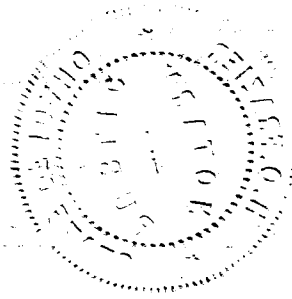
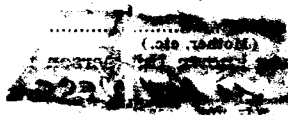
FEB 26 1943

FEB 27 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



21 6 9

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367559
Local Reg. No. 15
Reg. Dist. No. 410

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Moore
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Moore
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moore, Idaho

4. **FULL NAME OF CHILD** Rose Ardella Goodman
5. Date of Birth of Child 11-15-1895
(Month, day, year)
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** William Martin Goodman
11. Color or Race White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Cole Co. Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lulu Brown
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Cole Co. Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Ag No3
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Lulu Goodman, who is related to this child as Mother
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 47 years, and that Mr Jim Harey, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
(First name) (Last name) (Is now deceased) or (Cannot be located)

x Lulu Goodman Signature
Harey P. O. Address

Subscribed and sworn to before me this 27 day of Feb 1943 at Idaho

(SEAL)

R. H. McCoy Notary Public, residing at Hailey, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on 2-27-1943 by Robert H. Wright Registrar.

MAR 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **367674**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home in Hailey
(e) Mother's stay BEFORE delivery:
IN THIS county 14 years 9 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 48 yrs.

4. FULL NAME OF CHILD George Washington Fleming

6. Sex Male 7. Twin or Triplet If so—both 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME William Edward Fleming
11. Color white 12. Age at time of THIS birth 35 yrs.
13. Birthplace Hailey, Ida
(City or town) (State or foreign country)
14. Exact Occupation lumberman
15. Industry or Business sawmill owner

3. RESIDENCE OF FATHER (city, state) Hailey, Ida

5. Date of Birth of Child (Month, day, year) Feb. 22, 1895

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Polly Ann Brance
17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Clare Valley, Nevada
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho }
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 48 years, and that Mrs. Sophie Brance who attended this birth. is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Johnnie L. Brance Signature
Hailey, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of February, 1943

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotations)

Received for filing on MAR 11 1943 by Mary E. Elder Registrar.

MAR 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **367828**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County FREEMONT (b) City DUBOIS (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county 12 years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State Idaho (b) County FREEMONT (c) City DUBOIS (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? 12 yrs.	
4. FULL NAME OF CHILD RUSSELL WILLIAM ELLIS		5. Date of Birth of Child (Month, day, year) DECEMBER 18, 1895	
6. Sex male		8. No. months of Pregnancy 9	
7. Twin or Triplet		9. Legitimate? Yes	

FATHER OF CHILD 10. FULL NAME ELIAS D. ELLIS 11. Color or Race WHITE 12. Age at time of THIS birth 27 yrs. 13. Birthplace MAIAD IDAHO (City or town) (State or foreign country) 14. Exact Occupation RANCHER 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME DAISY FAYLE 17. Color or Race WHITE 18. Age at time of THIS birth 19 yrs. 19. Birthplace WELLSVILLE UTAH (City or town) (State or foreign country) 20. Exact Occupation HOUSEWIFE 21. Industry or Business	
---	--	---	--

22. Name prophylactic used to prevent Ophthalmia Neonatorum. **0**

23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **1**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of **IDAHO** } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of **LEMHI** }

I, the undersigned, being first duly sworn, say that I am the **MOTHER** of the person whose name appears in Item 4, above, that I am now **67** years of age, that I have known this person for **47** years, and that **ANNA DAVIS** IS NOW DECEASED who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daisy Ellis Signature
SALMON, IDAHO P. O. Address

Subscribed and sworn to before me this **14th** day of **March**, 19**43**
 (SEAL) *Maurice C. Morrison* Notary Public, residing at **Salmon, Idaho**
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on **MAR 18 1943** by *Maurice C. Morrison*, Registrar.

MAR 18 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **369252**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

MAR 25 1943 STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Sublett</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>born on farm</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Sublett, Idaho</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	
4. FULL NAME OF CHILD <u>Frank Galliher Jr.</u>		3. RESIDENCE OF FATHER (city, state) <u>Sublett, Idaho</u>	

6. Sex <u>male</u>	7. Twin or Triplet <u>X</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	

10. FULL NAME <u>Frank Galliher Sr.</u>		16. FULL MAIDEN NAME <u>Isabel Hutchison</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>18</u> yrs.
13. Birthplace <u>Ogden, Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>Spanish Fork, Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>farming & stock raising</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 47 years, and that Mrs. Isabell Powers, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank Galliher Signature
Malta, Idaho

P. O. Address

Subscribed and sworn to before me this 22 day of September, 19 42
my seal, exp. Jan 22 1946
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Henry Thompson Notary Public, residing at Malta, Idaho

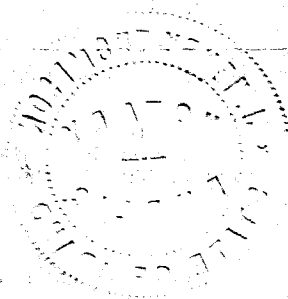
Received for filing on MAR 21 1943 by Mary E. Elder, Registrar.

APR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

Frank Galliher

Birth: Dec. 30, 1893
Death: Nov. 30, 1957

Burial:
Sublett Cemetery
Sublett
Cassia County
Idaho, USA

Created by: Floral~Lady
Record added: Apr 27, 2006
Find A Grave Memorial# 14092377



Cemetery Photo
Added by: dkb

HOLD
DELAYED RECORD
FRANK IS BORN IN 1893
SIBLING BORN 9/9/1895
SEE 1895-331820



Rest in peace.
- Tom Galliher
Added: Jan. 13, 2008



May you always be remembered... rest
in peace~
- dkb
Added: Jul. 3, 2007

Pearl Galliher Kemsley

Birth: Sep. 9, 1895
Idaho, USA
Death: Jan. 9, 1975

Family links:

Spouse:

Jesse Kemsley (1891 - 1945)*

Children:

Earl King Kemsley (1917 - 1955)*

Boyd Ray Kemsley (1923 - 1969)*

*Calculated relationship

Burial:

Forest Lawn Memorial Park (Glendale)

Glendale

Los Angeles County

California, USA

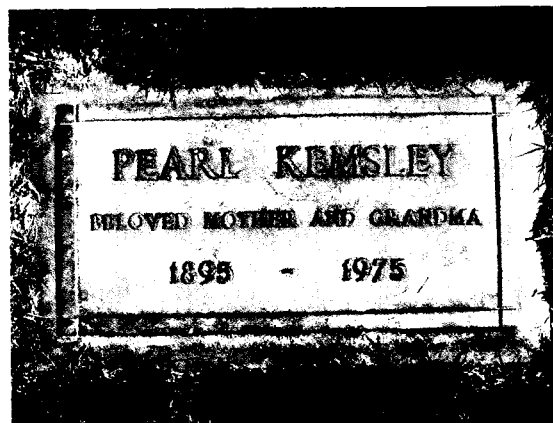
Plot: Liberty, Map 1, Lot 1067, Space 4

Maintained by: Find A Grave

Originally Created by: Chris Mills

Record added: Feb 22, 2012

Find A Grave Memorial# 85440048



Added by: Kathy Salazar



Cemetery Photo

Added by: David Eastburn

754-206-028-754

369398

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

APR 5 1943

1. **PLACE OF BIRTH** (All items at time of this birth)
 - (a) County Kootenai (b) City Post Falls
 - (c) Street Address or R.F.D. No.....
 - (d) Name of Hospital or Maternity Home:
Pedigo's Boarding House
 - (e) Mothers stay **BEFORE** delivery:
In **THIS** county 1 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 - (a) State Idaho (b) County Kootenai
 - (c) City Post Falls
 - (d) Street Address or R.F.D. No.....
 - (e) How long has **MOTHER** lived in Idaho? 1 year yrs.
3. **RESIDENCE OF FATHER** (city, state) Post Falls, Idaho

4. **FULL NAME OF CHILD** Pearl Aletha Pedigo 5. Date of Birth of Child
(Month, day, year) Sept. 6, 1895

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Walter Pedigo
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Damascus, Oregon
(City or town) (State or foreign country)
14. Exact Occupation Manager Boarding House
15. Industry or Business Boarding House

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Thressa Emerine Pedigo
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Hillsboro, Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Washington } ss.
County of Spokane

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 79 years of age, that I have known this person for 47 1/2 years, and that
Thressa Emerine Pedigo who attended this birth deceased
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Thressa Emerine Pedigo Signature
Medical Lake Washington P. O. Address

Subscribed and sworn to before me this 20 day of March, 1943
(SEAL) A. K. Kaiter Notary Public, residing at Medical Lake
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 5 1943 by Mary E. Elder Registrar.

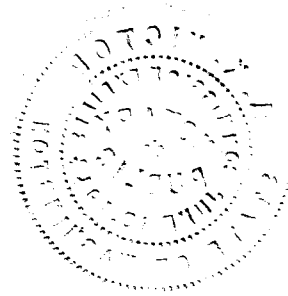
APR 6

1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

239-101-044-251

1. PLACE OF BIRTH
County of Washington
City of Winn, Idaho
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

369444

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD William Alton Strobel

3. Sex mn If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Oct 14 1895 193 _____ (Month, Day, Year)

9. Full name Otto F. Strobel FATHER 18. Full maiden name Willie C. Sears MOTHER

10. Residence (usual place of abode) Winn, Ida. 19. Residence (usual place of abode) Winn, Ida.
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 40 (years) 20. Color or race White 21. Age at last birthday 24 (years)

13. Birthplace (city or place) Wattsville 22. Birthplace (city or place) Cretz
(State or Country) Germany (State or Country) Nebraska

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent _____ 19. _____ 26. Total time (years) spent _____
in this work _____ in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Sol.

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months _____ or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4:5 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) Joseph R. Neumbers, M. D.

or Winn, Ida. Midwife

Address _____

Filed APR 8 1943 193 _____

Registrar.

Registrar.

(3 copies)

APR 8 1943

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

319-214-036-852
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

369507
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Glendale
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Residence
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 6 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Glendale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
3. **RESIDENCE OF FATHER** (city, state) Glendale, Idaho

4. **FULL NAME OF CHILD** Blara Elizabeth Larsen
5. Date of Birth of Child (Month, day, year) 3-14-1895
6. Sex 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate?

- FATHER OF CHILD**
10. **FULL NAME** Lars Christian Larsen
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Logan, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Elizabeth Ann Heddon
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Paris, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Franklin }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 76 years of age, that I have known this person for 49 years, and that
Mrs. Elsie Larsen who attended this birth deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Subscribed and sworn to before me this 8th day of April, 1943.
(SEAL) [Signature] Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1943 by Mary Elder Registrar.

APR 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar ~~for record in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

512-206025-795

370771

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County IDAHO (b) City WESTLAKE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: FAMILY HOME
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City WESTLAKE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1891 (DECEASED)
3. **RESIDENCE OF FATHER** (city, state) WESTLAKE "

4. **FULL NAME OF CHILD** ISA FAITH EASTMAN 5. Date of Birth of Child
(Month, day, year) NOV. 6, 1895

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>FRANKLIN WASHINGTON EASTMAN</u>	16. FULL MAIDEN NAME <u>MARY AGNES PIERSTORFF</u>	17. Color or Race <u>WHITE</u>	18. Age at time of THIS birth <u>28</u> yrs.
11. Birthplace <u>CHERRY CREEK N.Y.</u> (City or town) (State or foreign country)	19. Birthplace <u>SPRINGDALE Wis</u> (City or town) (State or foreign country)	20. Exact Occupation <u>FARMER</u>	21. Exact Occupation <u>HOUSE WIFE</u>
12. Age at time of THIS birth <u>34</u> yrs.			
13. Industry or Business			

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Lewis

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the not related of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 67 years of age, that I have known this person for 47 years, and that
Is not known who attended this birth id deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Signature James Blake
P. O. Address Craigmont, Idaho.

Subscribed and sworn to before me this 17th day of April, 1943.

(SEAL) J. A. Ammaul, Notary Public, residing at Craigmont, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 26 1943 by Mary Elder, Registrar.

APR 22 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759 203-022-847-

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. 370809

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth Alice Pearle Perrenoud			2. Date (month) (day) (year) Of Birth November 3, 1895		
	3. Color or Race White	4. Sex F	5. Place of Birth a. County Fremont Co., now-Madison	b. City or Town of Birth Rexburg R.F.D #3 (Island Ward)		
FATHER	6. Full Name of Father Fritz Emile Perrenoud			7. State or Country of Father's Birth Neuchatel, Switzerland		
MOTHER	8. Full Maiden Name of Mother Laura Adele Huguenin			9. State or Country of Mother's Birth Neuchatel, Switzerland		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Alice Pearle Perrenoud</i> <i>Alice Pearle McWhiparcher</i>		
NOTARY (Seal)	Subscribed and sworn to before me on October 18 APRIL 18 19 59			12. Signature of Notary <i>Don C. Olson</i>		11. Present Address of Registrant 14527 White Ave. Compton 2, Calif.
				13. Notary Commission expires My Commission Expires Dec. 3, 1960		

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document Baptismal Record		By whom issued and signed Compton 1st Ward, Long Beach Stake, LDS Church		Date issued 11-19-58
	Date of Birth Nov. 3, 1895	Birth Place Fremont Co. Island, Idaho	Full Name of Mother Laura A. Hugennin		Date Orig. Entry April 25, 1904
SUPPORTING RECORD 2.	Type of Document Church Membership Record		By whom issued and signed LDS Church Salt Lake City, Utah		Date issued 8-11-43
	Date of Birth Nov. 3, 1895	Birth Place Fremont Co. Island, Idaho	Full Name of Mother Laura A. Hugennin		Date Orig. Entry obviously old
SUPPORTING RECORD 3.	Type of Document Family Record		By whom issued and signed original viewed by Bureau of Vital Statistics		Date issued 3-28-60
	Date of Birth Nov. 3, 1895	Birth Place Fremont Co. Island Ward, Idaho	Full Name of Mother Laura Adele Huguenin		Date Orig. Entry obviously old
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by WMB Nancy Richards		Date Filed March 28, 1960



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

370809
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County... Madison (b) City... Rexburg
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home:
At own Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county one years six months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State... Idaho (b) County... Madison
(c) City... Rexburg R.F.D. #3
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Rexburg, Idaho
5. Date of Birth of Child
(Month, day, year) Nov. 3, 1897

4. **FULL NAME OF CHILD** Alice Pearl Perrenoud
7. Twin or Triplet If so—born 1st, 2nd, 3rd
6. Sex Female 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fritz Emile Perrenoud
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Neuchatel, Switzerland
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Adele Huguenin
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Neuchatel, Switzerland
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 3:30 P.M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Herbert Emile Perrenoud
(First name) (Last name)
who is related as Brother
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Madison

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 57 years of age, that I have known this person for 52 years, and that
Magdalena Walz who attended this birth Is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Herbert Emile Perrenoud
Rexburg, Idaho R. #3 P. O. Address

Subscribed and sworn to before me this 20th day of April 1943
(SEAL) Daniel Hicks Notary Public, residing at Rexburg
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1943 by Mary Elder Registrar.

AUG 27 1943

APR 27 1943

MAR 29 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1937 Session Laws, Chapter 139, Section 4

APR 27 1943
MAY 2 1943
JUN 2 1943
JUL 2 1943
AUG 2 1943
SEP 2 1943
OCT 2 1943
NOV 2 1943
DEC 2 1943

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **370836**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Prinston
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years 8 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Prinston
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Prinston, Idaho.

4. **FULL NAME OF CHILD** Gillie May Greenwood

5. Date of Birth of Child (Month, day, year) Nov. 20, 1895

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd --- 8. No. months of Pregnancy --- 9. Legitimate? ---

FATHER OF CHILD

10. **FULL NAME** James Rufus Greenwood
11. Color or Race white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Chandlersville, Illinois
(City or town) (State or foreign country)
14. Exact Occupation woodsman
15. Industry or Business same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Julia McVicar
17. Color or Race white 18. Age at time of THIS birth 27 yrs.
19. Birthplace St Paul Minnesota
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

AFFIDAVIT

State of Washington County of Pierce ss.
I, the undersigned, being first duly sworn, say that I am the mother (To be completed when the attendant does not sign in Item 25.) of the person whose name appears in Item 4, above, that I am now -74- years of age, that I have known this person for 48 years, and that neighbor whose name I don't remember who attended this birth don't know I further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Julia Greenwood Signature

P. O. Address _____

Subscribed and sworn to before me this 23rd day of April, 19 43
(SEAL) _____ Notary Public, residing at Buckley, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. expires 8-26-43

Received for filing on APR 26 1943 by Mary E. S. S. S. Registrar.

APR 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

318-214021-785

371088

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

MAY 6 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Franklin</u> (b) City <u>Clifton</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county <u>33</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County (c) City <u>Bancroft and Soda Spring</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>67</u> yrs.	
4. FULL NAME OF CHILD <u>Minnie Taylor</u> 7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd 6. Sex <u>Female</u>		3. RESIDENCE OF FATHER (city, state) <u>Soda Springs</u> 5. Date of Birth of Child <u>died 1910</u> (Month, day, year) <u>6/14/1895</u> 8. No. months of Pregnancy <u>nine</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>John Taylor</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>45</u> yrs. 13. Birthplace <u>East Kent England</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Worked on Railroad</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Candace Elmeda Phelps</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>33</u> yrs. 19. Birthplace <u>Kataba Co.-North Carolina</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Bannock }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 81 years of age, that I have known this person for 48 years, and that
Hemitt Henderson who attended this birth now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Candace E Taylor Signature
Bancroft Ida P. O. Address

Subscribed and sworn to before me this 1st day of May, 1943
(SEAL) Charles W. Shanklin Notary Public, residing at Bancroft Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

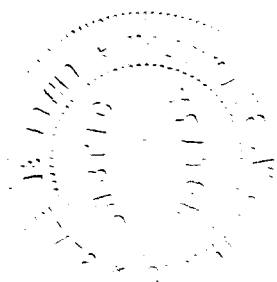
Received for filing on MAY 7 - 1943 by Mary E Elder Registrar.

MAY 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



819-131040-555

371102

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County Shoshone	(b) City Kellogg	(a) State Idaho	(b) County Shoshone
(c) Street Address or R.F.D. No.		(c) City Kellogg	
(d) Name of Hospital or Maternity Home: At home		(d) Street Address or R.F.D. No.	
(e) Mothers stay BEFORE delivery: In THIS county years 5 months days		(e) How long has MOTHER lived in Idaho? 5 Mo. yrs.	
4. FULL NAME OF CHILD Roy O'neil Yarbrough		5. Date of Birth of Child (Month, day, year) 12/31/1895	
6. Sex	7. Twin or Triplet	8. No. months of Pregnancy	9. Legitimate?
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME John William Yarbrough	16. FULL MAIDEN NAME Rose Etta May Eves.		
11. Color or Race White	17. Color or Race White		
12. Age at time of THIS birth 27 yrs.	18. Age at time of THIS birth 19 yrs.		
13. Birthplace Oregon	19. Birthplace Kyeta, Minnesota		
(City or town)	(State or foreign country)		
14. Exact Occupation Timber	20. Exact Occupation Housewife		
15. Industry or Business Furnishing stulls for mines	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child **one** (b) Born alive and now living **one**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of **Washington** } ss.
County of **Spokane**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now **sixty-six** years of age, that I have known this person for.....years, and that
J. J. Harrington M. D. who attended this birth **deceased** I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Rosetta May Eves
54 N. Post St. Spokane, Wash. P. O. Address

Subscribed and sworn to before me this **6th** day of **May**, 19**43**
(SEAL) **Joseph F. Moran**, Notary Public, residing at **Spokane, Wn.**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAY 10 1943** by **Mary Elder**, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

299 214 004-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **371130**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County **Bear Lake** (b) City **Montpelier**
(c) Street Address or R.F.D. No. **Gen'l. Del.**
(d) Name of Hospital or Maternity Home: **Family Home**
(e) Mothers stay BEFORE delivery:
In THIS county **2** years **6** months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Bear Lake**
(c) City **Montpelier**
(d) Street Address or R.F.D. No. **Gen'l Del.**
(e) How long has MOTHER lived in Idaho? **2 1/2** yrs.

4. FULL NAME OF CHILD **Breda Bristol**
6. Sex **Female** 7. Twin or Triplet **No** If so—born 1st, 2nd, 3rd **xxx**

3. RESIDENCE OF FATHER (city, state) **Same**
5. Date of Birth of Child (Month, day, year) **Nov. 14-1895**
8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD
10. FULL NAME **Arthur Edson Bristol**
11. Color or Race **White** 12. Age at time of THIS birth **27** yrs.
13. Birthplace **Shellrock Iowa**
(City or town) (State or foreign country)
14. Exact Occupation **Railroad Engineer**
15. Industry or Business **Union Pac. Ry.**

MOTHER OF CHILD
16. FULL MAIDEN NAME **Jessie Marie Bristol**
17. Color or Race **White** 18. Age at time of THIS birth **27** yrs.
19. Birthplace **Cedar Falls Iowa**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business **" "**

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child **4** (b) Born alive and now living **4**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **Born Alive** at..... M. on the date.....
(Born alive, stillborn) **Ther A. Rice**
and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name)
who is related as..... **Sister** (Mother, etc.)

25. Attendant's OWN signature **[Signature]** M.D. Address **Tacoma, Wash.** Date **May 2-43**
Midwife

State of **Wash.**
County of **Pierce** } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **Sister** of the person whose name appears in Item 4, above, that I am now **51** years of age, that I have known this person for **48** years, and that **Dr. Hoover** who attended this birth **Cannot be located** I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Inez Marie Signature
3581 East "K" St. Tacoma, Wash P. O. Address

Subscribed and sworn to before me this **3rd** day of **May**, 19**43**
(SEAL) **Mac Murray** Notary Public, residing at **Tacoma**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAY 13 1943** by **Mary E Elder** Registrar.

MAY 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



553 231006 169

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **371139**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Near Idaho Falls

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: Home

(e) Mothers stay BEFORE delivery:
In THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham

(c) City Near Idaho Falls

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 8 yrs.

4. FULL NAME OF CHILD Etta May Nelson

7. Twin or Triplet
If so—born 1st, 2nd, 3rd

6. Sex Female

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

5. Date of Birth of Child (Month, day, year) October 31 1895

8. No. months of Pregnancy 7 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph J. Nelson

11. Color or Race White 12. Age at time of THIS birth 31 yrs.

13. Birthplace Logan, Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jean Jordan

17. Color or Race White 18. Age at time of THIS birth 26 yrs.

19. Birthplace Amador, California (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child Three (b) Born alive and now living Three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by (First name) (Last name)

who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Bingham, Co.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4,
above, that I am now Twenty-eight years of age, that I have known this person for Forty-seven years, and that

Dr. G. W. Pendleton (First name) (Last name) who attended this birth deceased I further

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Father) J. J. Nelson Signature

Subscribed and sworn to before me this 5 day of May, 1943 P. O. Address Idaho Falls, Idaho

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Notary Public, residing Idaho Falls, Idaho

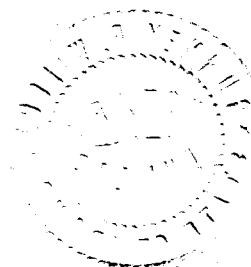
Received for filing on MAY 12 1943 by Mary E. Elder Registrar.

MAY 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

793 115007-913

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **371154**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Bellvue
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay **BEFORE** delivery:
In **THIS** county one years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellvue
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? One yrs.

4. **FULL NAME OF CHILD** James William Pitman
7. Twin or Triplet No If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Bellvue Ida
5. Date of Birth of Child (Month, day, year) Aug. 15, 1895
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** James Addison Pitman
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Springfield Ill. (City or town) (State or foreign country)
14. Exact Occupation working on railroad
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mathie Plouice Pitman
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Shelbyville Mo. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Ada

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 79 years of age, that I have known this person for 47 years, and that
Grandma Dayton who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

James Addison Pitman Signature
Meridian Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of April, 1947

(SEAL)

W. H. King Notary Public, residing at Meridian

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1943 by Marjorie E. Eder Registrar.

MAY 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date~~, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

818-207001-395

371179

371179

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 612 Franklin St.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 612 Franklin St.
(e) How long has MOTHER lived in Idaho? 55 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Gertrude Hays
5. Date of Birth of Child (Month, day, year) Sept. 7, 1895
6. Sex Female 7. Twin ✗ If so—born 1st, 1st 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Samuel Hubbard Hays 16. FULL MAIDEN NAME Gertrude Lindsey
11. Color White 12. Age at time of THIS birth 31 yrs. 17. Color White 18. Age at time of THIS birth 29 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country) 19. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Attorney at Law 20. Exact Occupation House wife
15. Industry or Business Lawyer 21. Industry or Business * *

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Gertrude Lindsey Hays, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date
State of Idaho ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Ada

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 47 years, and that Dr. Spaulding, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude Lindsey Hays Signature
P. O. Address

Subscribed and sworn to before me this 18 day of May, 1943
(SEAL) Phyllis Anderson Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 18-1943 by Mair S. Elder, Registrar.

8 1 1943

MAY 19 1943

JUN 7 1943

MAR 15 1963

APR 11 2017

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



818-207001-395

374180

371180

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>612 Franklin St.</u> (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>612 Franklin St.</u> (e) How long has MOTHER lived in Idaho? _____ yrs.	
4. FULL NAME OF CHILD <u>Permellia Hays</u>		5. Date of Birth of Child <u>Sept. 7, 1895</u> (Month, day, year)	
6. Sex <u>Female</u>		7. Twin <u>XX</u> If so—born _____ 1st, 2nd, 3rd	
8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Samuel Hubbard Hays</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>31</u> yrs. 13. Birthplace <u>Wisconsin</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Attorney at Law</u> 15. Industry or Business <u>Lawyer</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Gertrude Lindsey</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>29</u> yrs. 19. Birthplace <u>Illinois</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>"</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum: _____
 23. Number of children of this mother: (a) At time of birth and including this child: _____ (b) Born alive and now living: _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Gertrude Lindsey Hays
 who is related as Mother (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
 Midwife _____

State of Idaho } ss. _____
 County of Ada }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
 (Mother, etc.)
 above, that I am now 76 years of age, that I have known this person for 47 years, and that
Dr. Spaulding, who attended this birth deceased I further
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
 1937 Session Laws.

Gertrude Lindsey Hays Signature
 _____ P. O. Address

Subscribed and sworn to before me this 18 day of May, 1943
 (SEAL) Pauline Anderson Notary Public, residing at Boise, Ida
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 18-1943 by Mary E. Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

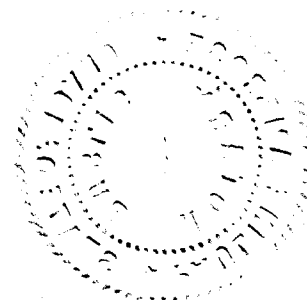
MAY 18 1963

MAR 15 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



464-206-014-419

371225

371225

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County CANYON (b) City EMMETT
(c) Street Address R.F.D. No.
(d) Name of Hospital or Maternity Home: H.O.M.E.
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

4. **FULL NAME OF CHILD** VICTORIA Moulton

5. Date of Birth of Child
(Month, day, year) November 6, 1895

6. Sex girl 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clayton J. Moulton
11. Color WHITE 12. Age at time of THIS birth 42 yrs.
13. Birthplace Centry County, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Marechal
17. Color WHITE 18. Age at time of THIS birth 36 yrs.
19. Birthplace Fort Washington, Wisconsin
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 46 years, and that Doctor Clymer who attended this birth is now dead. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Linda M. Parrott Signature
P. O. Address

Subscribed and sworn to before me this 9 day of Feb, 1942
(SEAL) Ed Baker Notary Public, residing at Twin Falls

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated)

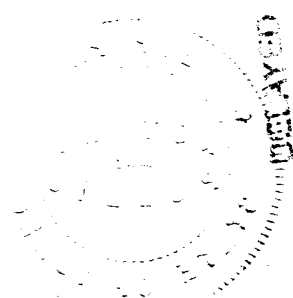
Received for filing on JUN 10 1943 by Myra S. Bledsoe, Registrar.

JUN 10 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

554125029 391
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

371285
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Potlatch</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>At their own home</u> (e) Mothers stay <u>BEFORE</u> delivery: In <u>THIS</u> county <u>6</u> years - months - days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Potlatch</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>6</u> yrs.	
4. FULL NAME OF CHILD <u>CHESTER HERBERT NEUMANN</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		5. Date of Birth of Child (Month, day, year) <u>AUG 25th 1895</u>	
6. Sex <u>MALE</u>		8. No. months of Pregnancy <u>9</u>	
FATHER OF CHILD 10. FULL NAME <u>JOHN-PROSPER-NEUMANN</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>42</u> yrs. 13. Birthplace <u>France</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Almira Craig</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>27</u> yrs. 19. Birthplace <u>Kansas</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Home</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ who is related as _____
(Born alive, stillborn) (First name) (Last name)
(Mother, etc.)

25. Attendant's _____ M.D. _____ Address _____ Date _____
OWN signature _____ Midwife _____

State of Washington } ss. **AFFIDAVIT**
County of Pierce }
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 46 years, and that Mrs. Rachel Pledger who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
(First name) (Last name) (Is now deceased) or (Cannot be located)
Mrs. Rachel Pledger Signature
Route 3 Box 393, Tacoma, Wash. O. Address
Subscribed and sworn to before me this 11th day of May, 1943
(SEAL) Earl P. Downie Notary Public, residing at Ruston, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

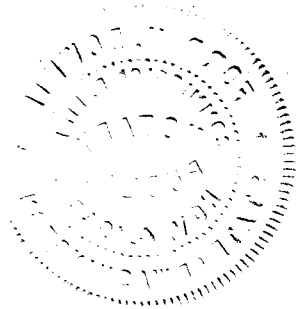
Received for filing on MAY 18 1943 by Mary Pledger Registrar.

MAY 18 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be~~ received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-115014-766

371313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
IN THIS county — years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 5 yrs.

4. FULL NAME OF CHILD Dallas Burt
6. Sex male 7. Twin or Triplet ☒ If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Canyon Co. Idaho
5. Date of Birth of Child (Month, day, year) Nov. 15 - 1915
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Calvin Luther Burt
11. Color white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Appanosee Co. Iowa
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD
16. FULL MAIDEN NAME Sylvia Mae Haffey
17. Color white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Putnam Co. Mo.
(City or town) (State or foreign country)
20. Exact Occupation ✓
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4-3 (b) Born alive and now living 4-3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Midwife _____ Address _____ Date _____

State of Idaho } ss.
County of Idaho }
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the J. Burt of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for since his birth years, and that _____, who attended this birth _____ I further state that _____ (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 12 day of May 1943
(SEAL) _____ Signature _____ P. O. Address _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)
Notary Public, residing at _____
Mary E. Eder

Received for filing on MAY 17 1943 by _____, Registrar.

JUN 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

315-229.004-814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **372339**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items of time of this birth)
(a) County Bear Lake Co. (b) City Bloomington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 25 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Bloomington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Ann Elizabeth Long
5. Date of Birth of Child (Month, day, year) June 29 1895
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Levi Henry Long
11. Color or Race white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Bloomington Idaho (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lilla Ann Haddock
17. Color or Race white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Bloomington Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date
Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the.....
(Mother, etc.).....of the person whose name appears in Item 4,
above that I am now.....75 years of age, that I have known this person for.....48 years, and that
Sarah Greenhalgh....., who attended this birth.....(deceased) I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.
Elizabeth Gallyer.....Signature
935 Blaine ave City.....P. O. Address
Subscribed and sworn to before me this.....10th day of.....May.....1943
(SEAL) Martha Reed.....Notary Public, residing at.....Salt Lake City, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....by.....Martha Reed....., Registrar.

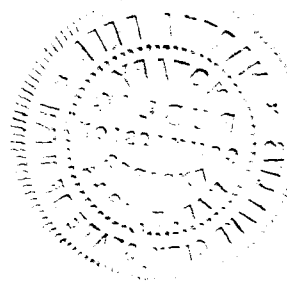
MAY 24 1943

MAY 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



754-129-029-342

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **372369**

Local Reg. No. _____

Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No. Main St.
(d) Name of Hospital or Maternity Home: Born in our home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 3 years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? Three yrs.
3. **RESIDENCE OF FATHER** (city, state) Kendrick, Idaho

4. **FULL NAME OF CHILD** Charles Freeman Pemberton 5. Date of Birth of Child
(Month, day, year) Jan. 29, 1895

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William D. Pemberton
11. Color White 12. Age at time of THIS birth 52 yrs.
13. Birthplace Wheeling, West Virginia
(City or town) (State or foreign country)
14. Exact Occupation Farmer & Dentist
15. Industry or Business _____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Johnson Lukens
17. Color White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Cadiz Ohio
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child Four (b) Born alive and now living Four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of Idaho } ss.
County of Nez Perce

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now eighty-one years of age, that I have known this person for Forty-eight years, and that (not certain of spelling) Dr. Wohlenberg, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susan L. Pemberton Signature
112-16th Ave., Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of May, 1943
(SEAL) Helmer M. Wilson, Notary Public, residing at Lewiston, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1943 by Marcel E. Elder, Registrar.

MAY 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-111-025-997

372400

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
 - (a) County Idaho, County (b) City Grangville
 - (c) Street Address or R.F.D. No.
 - (d) Name of Hospital or Maternity Home:
 - (e) Mothers stay **BEFORE** delivery:
In **THIS** county 28yr. years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 - (a) State Idaho (b) County Idaho
 - (c) City Grangville
 - (d) Street Address or R.F.D. No.
 - (e) How long has **MOTHER** lived in Idaho? 30 yr. yrs.
3. **RESIDENCE OF FATHER** (city, state) Grangville, Idaho

4. **FULL NAME OF CHILD** Lynn Sylvester McCready
5. Date of Birth of Child (Month, day, year) Sept. 11, 1895
6. Sex male
7. Twin or Triplet
- If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|------------------------------------|--|
| 10. FULL NAME <u>Charles Sylvester McCready</u> | 16. FULL MAIDEN NAME <u>Alice Eleanor Riggins</u> | 17. Color <u>white</u> | 18. Age at time of THIS birth <u>28</u> yrs. |
| 11. Birthplace <u>Mariposa, Calif.</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Prescott, Washington</u>
(City or town) (State or foreign country) | 20. Exact Occupation <u>farmer</u> | 21. Exact Occupation <u>housewife</u> |
| 12. Industry or Business | 22. Industry or Business | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Washington } ss.
County of Whitman

AFFIDAVIT

- (To be completed when the attendant does not sign in Item 25.)
- I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 54 years of age, that I have known this person for —48— years, and that
Dr. Bibby who attended this birth deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Bertha M. McKenzie Signature
Almota, Washington P. O. Address

Subscribed and sworn to before me this 11th day of May, 19 43

(SEAL)

Oral H. Hughes, Notary Public, residing at Colfax, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1943 by Maud E. Eden Registrar.

MAY 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-109-037-145

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **372493**

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
 (a) County Owyhee (b) City Silver City
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home:
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 (a) State Idaho (b) County Owyhee
 (c) City Silver City
 (d) Street Address or R.F.D. No.
 (e) How long has **MOTHER** lived in Idaho? three yrs.
3. **RESIDENCE OF FATHER** (city, state) Silver City Idaho
 4. **FULL NAME OF CHILD** Farrest Ambrose Parry
 5. Date of Birth of Child (Month, day, year) aug 9. 1895
 6. Sex
 7. Twin or Triplet If so—born 1st, 2nd, 3rd
 8. No. months of Pregnancy
 9. Legitimate?

- FATHER OF CHILD**
 10. **FULL NAME** William Ambrose Parry
 11. Color or Race white 12. Age at time of THIS birth 29 yrs.
 13. Birthplace Ely, Colo. (City or town) (State or foreign country)
 14. Exact Occupation Miner
 15. Industry or Business
- MOTHER OF CHILD**
 16. **FULL MAIDEN NAME** Florence Adell Parry
 17. Color or Race white 18. Age at time of THIS birth 32 yrs.
 19. Birthplace St. Louis, Michigan (City or town) (State or foreign country)
 20. Exact Occupation housewife
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
 23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by.....
 (First name) (Last name)
 who is related as.....
 (Mother, etc.)

25. Attendant's
 OWN signature..... M.D. Address Date
 Midwife.....

- State of Nevada } ss.
 County of Nevada

AFFIDAVIT

- (To be completed when the attendant does not sign in Item 25.)
 I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
 (Mother, etc.)
 above, that I am now 29 years 10 mo 5 da years of age, that I have known this person for LIFE years, and that
No Doctor or Midwife who attended this birth. I further
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
 1937 Session Laws.

- Subscribed and sworn to before me this 26th day of May, 1943
 (SEAL) Notary Public, residing at Sparks, Nev.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

- Received for filing on..... by Marj E Elder, Registrar.

JUN - 2 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 22 1965

JUN 2 1948,

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-1281044-719

372638

372638

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Washington</u> (b) City _____ (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City _____ (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>63</u> yrs.	
4. FULL NAME OF CHILD <u>Morris Garland Keithly</u>		5. Date of Birth of Child (Month, day, year) <u>Oct 25. 1893</u>	
6. Sex <u>Male</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	

10. FULL NAME <u>Walter Griffin Keithly</u>		16. FULL MAIDEN NAME <u>Edith Jane Garland</u>	
11. Color <u>White</u> 12. Age at time of THIS birth <u>22</u> yrs.		17. Color <u>White</u> 18. Age at time of THIS birth <u>31</u> yrs.	
13. Birthplace <u>Shoshone Valley</u> (City or town) (State or foreign country)		19. Birthplace <u>Shoshone Valley Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>House Wife</u>	
15. Industry or Business _____		21. Industry or Business <u>Farmer</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Solution

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of Idaho } ss.
County of Ada

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for _____ years, and that Mr. Keithly who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

_____ (First name) _____ (Last name) _____ (Is now deceased) or (Cannot be located) _____ Signature
_____ P.O. Address _____

Subscribed and sworn to before me this 19 day of June, 1943
(SEAL) _____, Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

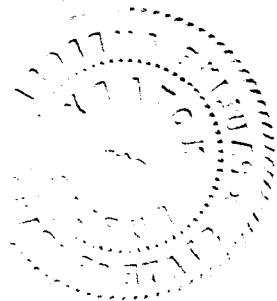
Received for filing on June 19-1943 by Marie E. Eder Registrar.

EX-61 6 1 NDC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

168-205-029 563
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **372726**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>Latah</u> (b) City <u>Rt. 2, Troy, Ill.</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days. In THIS county. <u>8</u> years. months. days.	2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State. (b) County. (c) City. (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs. (f) Mother's mailing address. 3. RESIDENCE OF FATHER (city, state)
--	--

4. FULL NAME OF CHILD <u>Escher Elvera Johnson</u>	5. Date of Birth (Month, day, year) <u>July 5, 1895</u>
6. Sex <u>female</u>	8. No. months of Pregnancy <u>9</u>
7. Twin or Triplet <u>no</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>August Magnus Johnson</u>	16. FULL MAIDEN NAME <u>Helen Elizabeth Hallner</u>		
11. Color or Race <u>white</u>	17. Color or Race <u>white</u>		
12. Age at time of THIS birth <u>30</u> yrs.	18. Age at time of THIS birth <u>17</u> years		
13. Birthplace <u>Sweden</u> (City or town) (State or foreign country)	19. Birthplace <u>Sweden</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business <u>Own farm</u>	21. Industry or Business <u>Home</u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

26. (a) JUN 14 1943 (Date received) Paul H. Eder (Registrar's signature)

25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Latah }

I, Helen Elizabeth Hallner Johnson, being first duly sworn, say that I am related to Escher Elvera Johnson as mother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no attendant, who attended said birth, and that this birth has not been previously recorded.
(Is now deceased) (or) cannot be located

Helen Elizabeth Hallner Johnson Name
Moscow, Idaho P. O. Address

Subscribed and sworn to before me on this 10th day of April 1943
E. S. Thompson Notary Public, residing at Moscow, Idaho

(SEAL)

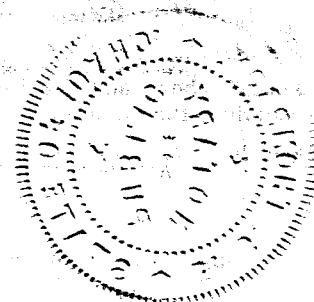
089870

CIVIL C 2 NOR

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962-216-040 962

372764

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

JUN 14 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. 316 Bank St.
(d) Name of Hospital or Maternity Home:
Residence 316 Bank St.
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 8 years 00 months 00 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Nebraska (b) County Lancaster
(c) City on farm near Lincoln.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) 8

4. **FULL NAME OF CHILD** Anna May Rose
7. Twin or Triplet
8. Sex Female

5. Date of Birth of Child
(Month, day, year) Oct. 16, 1895
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Francis Marion Rose
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Kentucky
(City or town) (State or foreign country)
14. Exact Occupation Prospector
15. Industry or Business Mining

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Josephine Rose
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Kingdom of Sweden
(City or town) (State or foreign country)
20. Exact Occupation Reg. Nurse.
21. Industry or Business Hospital

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's signature M.D. Address Date
OWN signature Midwife

State of IDAHO
County of SHOSHONE } ss.

AFFIDAVIT ✓

I, the undersigned, being first duly sworn, say that I am the friend of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now seventy-five years of age, that I have known this person for 48 years, and that
Dr - Genoway who attended this birth is now deceased
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mrs. Margaret Mallon Signature

June 8 1943

#2 King St - (Wallace) P. O. Address

Subscribed and sworn to before me this 10 day of June, 1943
(SEAL) [Signature] Notary Public, residing at Wallace
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 14 1943 by [Signature] Registrar.

JUN 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

289-104-025-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **372820**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Warren Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 18 years months days

4. FULL NAME OF CHILD George Leonard Shiefer

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME John Worth Shiefer
11. Color or Race American 12. Age at time of THIS birth 32 yrs.
13. Birthplace Springfield, Penn
(city or town) (State or foreign country)
14. Exact Occupation Missing
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Warren
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Warren Ida

5. Date of Birth of Child August 4, 1895
(Month, day, year)

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Frances Smith
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Lebanon, Tenn. Co. Tenn.
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.)

25. Attendant's OWN signature Georgia E. Cunningham M.D. Medicine Address Date

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for life years, and that who attended this birth I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this day of 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 24 1964 by Myra J. S. S. S., Registrar.

JUN 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

349-225016-755

374054

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Oakley</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>Private home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>8</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Oakley</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>56</u> yrs.	
4. FULL NAME OF CHILD <u>Sarah Jane Turner</u>		5. Date of Birth of Child (Month, day, year) <u>May 25, 1895</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>Triplet</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Jeff Davis Turner</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>31</u> yrs. 13. Birthplace <u>Atlanta, Georgia</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Sintha Catherine Pendergrass</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>32</u> yrs. 19. Birthplace <u>Clay County, Alabama</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child, 10 (b) Born alive and now living, 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature.....**M.D. Midwife**.....**Address**.....**Date**.....

State of Idaho County of Twin Falls } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 30 years of age, that I have known this person for life years, and that Dr. Allen, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sintha Turner Signature
Buhl, Idaho P. O. Address
Subscribed and sworn to before me this 18th day of June, 1943.
(SEAL) Mabel Sandgren Notary Public, residing at Buhl, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

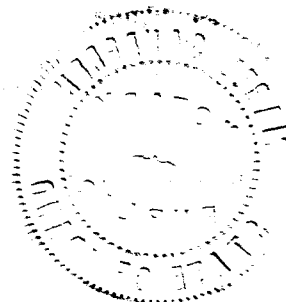
Received for filing on JUN 25 1943 by Mabel Sandgren, Registrar.

JUN 28 1913

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

286-225-029-239

374097

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>MOSCOW</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mothers stay BEFORE delivery: In THIS county <u>3</u> years <u>6</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>MOSCOW</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>31/2</u> yrs.	
4. FULL NAME OF CHILD <u>Lottie Alfreda showalter</u>		3. RESIDENCE OF FATHER (city, state) <u>MOSCOW, Idaho</u>	
6. Sex <u>Female</u>		5. Date of Birth of Child (Month, day, year) <u>May 25, 1895</u>	
7. Twin or Triplet <u>None</u>		8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>YES</u>			
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Alfred John showalter</u>		16. FULL MAIDEN NAME <u>Charlotte Elizabeth Strickland</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>20</u> yrs.		18. Age at time of THIS birth <u>20</u> yrs.	
13. Birthplace <u>Kingman City, Kansas</u> (City or town) (State or foreign country)		19. Birthplace <u>El salem Wisconsin</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>school teacher</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>school teacher</u>		21. Industry or Business <u>Housewife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>one</u> (b) Born alive and now living <u>one</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**
Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 71 years of age, that I have known this person for all her life years, and that
Dr. Grittman who attended this birth is deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Charlotte Elizabeth Showalter Signature

1116-18th Street, Anacortes, Wash P.O. Address

Subscribed and sworn to before me this 22nd day of June, 1943.

(SEAL)

W.V. Webb

Notary Public, residing at Anacortes

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Washington

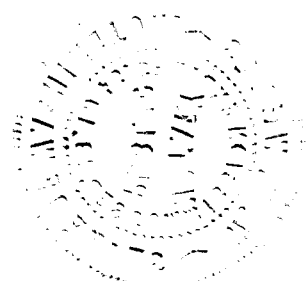
Received for filing on JUN 28 1943 by Marie E. Baker Registrar.

JUN 28 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report a birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Ann. when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



296-222-007-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Willow Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Willow Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** VIVIAN JANE BROOKS
5. Date of Birth of Child
(Month, day, year) Apr. 22, 1895
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|---|--|
| 10. FULL NAME | <u>Henry Alfred Brooks</u> | 16. FULL MAIDEN NAME | <u>Dorcas Eveline Partshe</u> |
| 11. Color or Race <u>W</u> | 12. Age at time of THIS birth <u>41</u> yrs. | 17. Color or Race <u>W</u> | 18. Age at time of THIS birth <u>26</u> yrs. |
| 13. Birthplace <u>Hickory Co. Missouri</u>
(City or town) (State or foreign country) | | 19. Birthplace <u>Hickory Co. Missouri</u>
(City or town) (State or foreign country) | |
| 14. Exact Occupation <u>Farmer</u> | | 20. Exact Occupation <u>Housewife</u> | |
| 15. Industry or Business | | 21. Industry or Business | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum:
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Ada }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, (Mother, etc.)
above, that I am now 74 years of age, that I have known this person for all her life years, and that Dorcas Jane Partshe who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dorcas Eveline Brooks Signature
Fairfield, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of July, 1943
(SEAL) Pauline Campbell Notary Public, residing at Lois, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 23-1943 by Mary E. Elder Registrar.

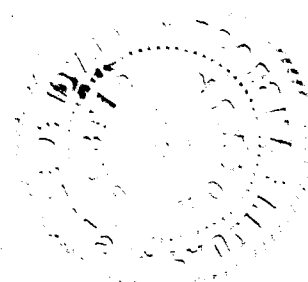
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



219-212003/466

374765

374265

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Pocatello</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>At home</u> (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Pocatello</u> (d) Street Address or R.F.D. No. <u>Center St.</u> (e) How long has MOTHER lived in Idaho? <u>15</u> yrs.	
4. FULL NAME OF CHILD <u>Ethel Luella Barnhart</u> 7. Twin or Triplet		5. Date of Birth of Child (Month, day, year) <u>March 12, 1935</u>	
6. Sex <u>Girl</u> If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>Yes</u>		10. FATHER OF CHILD	
10. FULL NAME <u>William Daniel Barnhart</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>48</u> yrs. 13. Birthplace <u>Cincinnati Ohio</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Resturant</u> 15. Industry or Business		16. FULL MAIDEN NAME <u>Sarah Ann Barnhart</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>30</u> yrs. 19. Birthplace <u>Pleasant View Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House-wife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
 23. Number of children of this mother: (a) At time of birth and including this child 6th (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 6th M. on the date March 12, 1935 and at the place stated above, and that personal particulars were furnished by Estella Anna Jackson who is related as Sister (Mother, etc.)

25. Attendant's **OWN** signature Estella Anna Jackson M.D. Address Pocatello Date June 4th 1943
 Midwife

State of California ss.
 County of Los Angeles

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
 I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 5-8 years of age, that I have known this person for 48 years, and that Dr. Rooken who attended this birth is deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Estella Anna Jackson Signature
631 So. Bonnie Brae P. O. Address

Subscribed and sworn to before me this 28th day of June, 19 43
 (SEAL) Edy The V. White Notary Public, residing at Seattle
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 8 - 1943 by Mary E. Elder Registrar.

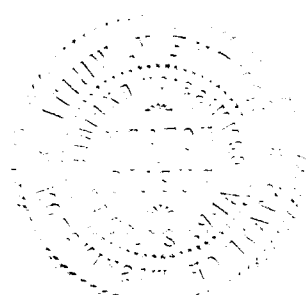
8781 8 706

10-11-1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



245-207 004 168

374476

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Bear Lake** (b) City **Wardboro**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **BEAR LAKE**
(c) City **WARDBORO**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **19** yrs.

3. RESIDENCE OF FATHER (city, state) **Idaho**4. FULL NAME OF CHILD **Ella Grace Kunz**

5. Date of Birth of Child **Feb. 7th 1895**
(Month, day, year)

6. Sex **female** 7. Twin or Triplet **no** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME **Robert Kunz**
11. Color or Race **white** 12. Age at time of THIS birth **32** yrs.
13. Birthplace **Bern Switzerland**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **Carolina Eschler Shanley**
17. Color or Race **white** 18. Age at time of THIS birth **32** yrs.
19. Birthplace **SWITZERLAND**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **6** (b) Born alive and now living **6**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of **Utah** } ss.
County of **CACHE**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **Father** of the person whose name appears in Item 4,
above, that I am now **80** years of age, that I have known this person for **48** years, and that

....., who attended this birth. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Signature **Robert Kunz**
P. O. Address

Subscribed and sworn to before me this **3** day of **July**, 19 **43**

(SEAL)

Paul D. Lewis, Notary Public, residing at **Pogoniah**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Aug. 22, 1944

Received for filing on **JUL 15 1943** by **Marj Stetson**, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 16 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

446 128 036 2415

374487

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oreida (b) City Malad City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 1895 years Dec. months 28 days
4. **FULL NAME OF CHILD** Harold Earnest Mifflin
6. Sex Male 7. Twin or Triplet None If so—born 1st, 2nd, 3rd

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oreida
(c) City Malad City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho
5. Date of Birth of Child (Month, day, year) 12-28-1895
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** John Morgan Mifflin
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Malad, Idaho (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Rachel Jones Davis
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Malad, Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living none

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was still born at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by John Morgan Mifflin who is related as father (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature Idaho M.D. Address Date
Midwife

State of Oreida } ss.
County of Oreida

AFFIDAVIT

To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 27 years of age, that I have known this person for 47 years, and that Mary Stuart who attended this birth now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
(First name) (Last name) (Is now deceased) or (Cannot be located)

John Morgan Mifflin Signature
Malad, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of July, 1943.
(SEAL) Notary Public, residing at Malad, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

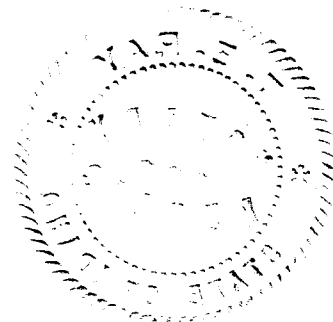
Received for filing on JUL 16 1943 by Mary Stuart Registrar.

1911 9 1 708

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date~~, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



993-2091-204-845
AMENDED May 6, 1954

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States (Be sure the information is as of date of birth of THIS child.) State File No. 375796
 Department of Commerce Local Reg. No. _____
 Bureau of the Census Reg. Dist. No. _____

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
 (a) County Bear Lake (b) City Montpelier
 (c) Street Address or R.F.D. No. _____
 (d) Name of Hospital or Maternity Home: Home
 (e) Mothers stay **BEFORE** delivery:
 In **THIS** county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 (a) State Idaho (b) County Bear Lake
 (c) City Montpelier
 (d) Street Address or R.F.D. No. _____
 (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier

4. **FULL NAME OF CHILD** Doris Marie Richards
 5. Date of Birth of Child Aug. 9, 1895
 (Month, day, year)
 6 Sex female 7. Twin or Triplet _____ If so—born _____
 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
 10. **FULL NAME** Franklin R. Richards
 11. Color White 12. Age at time of THIS birth 27 yrs.
 13. Birthplace Salt Lake, Utah
 (City or town) (State or foreign country)
 14. Exact Occupation Fireman O. S. L. Ry.
 15. Industry or Business _____

MOTHER OF CHILD
 16. **FULL MAIDEN NAME** Nettie Hunter
 17. Color White 18. Age at time of THIS birth 22 yrs.
 19. Birthplace Eldora, Iowa
 (City or town) (State or foreign country)
 20. Exact Occupation Housewife
 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
 23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by _____
 (First name) (Last name)
 who is related as _____
 (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
 Midwife _____

State of Idaho } ss. **AFFIDAVIT**
 County of Bear Lake }

I, the undersigned, being first duly sworn, say that I am the mother (To be completed when the attendant does not sign in Item 25.)
 (Mother, etc.) of the person whose name appears
 in Item 4, above, that I am now 68 years of age, that I have known this person for life years, and that
Dr. C. A. Hoover who attended this birth now deceased I further
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
 ed under Chapter 139, 1937 Session Laws.

Nettie Hunter Richards Signature
Montpelier, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of July, 1943
 (SEAL) Chas. E. Harris, Notary Public, residing at Montpelier, Ida
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug. 2, 1943 by Mabel F. Elder, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

375796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bear Lake (b) City Montpelier

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

At home

(e) Mother's stay BEFORE delivery:

IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bear Lake(c) City Montpelier

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 8 yrs.3. RESIDENCE OF FATHER (city, state) Montpelier, Idaho5. Date of Birth of Child 9/9/1897

(Month, day, year)

4. FULL NAME OF CHILD

Doris Marie Richards6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 99. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Franklin R. Richards

11. Color or Race

White

12. Age at time of THIS birth

27 yrs.

13. Birthplace

Salt Lake, Utah

(City or town)

(State or foreign country)

14. Exact Occupation

Fireman U. S. L. Ry.

15. Industry or Business

None

MOTHER OF CHILD

16. FULL MAIDEN NAME

Nettie Hunter

17. Color or Race

White

18. Age at time of THIS birth

22 yrs.

19. Birthplace

Eldora, Iowa

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

None22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know name23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by, who is

related to this child as

(First name)

(Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife Address

Date

State of IdahoCounty of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person all her life years, and thatDr. C. A. Hoover (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nettie Hunter Richards SignatureMontpelier, Idaho

P. O. Address

Subscribed and sworn to before me this 29th day of July, 1943

(SEAL)

Chas. E. HarrisNotary Public, residing at Montpelier, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on

AUG 2 1943

by

Mary J. Eldon

Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5

1943

MAY 6 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of Bear Lake } ss. Certificate No. 375796
Date Filed Aug. 2, 1943

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Doris Marie Richards who Was Born on August 9th, 1895
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Montpelier, Idaho are erroneous or were omitted; and that to the best of his knowledge, the
(Place of Event) Daughter's Birth Cert. Sept. 28th, 1922. 1942.
true facts are shown by Hospital Records & prepared on Aug. 4th, 1937 & April 14, 1942:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Birth Date 9/9/1897 August 9th, 1895

Subscribed and sworn to before me this 2nd day of

May, 1954

Signed

Doris Peterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at National City, Calif.

My commission expires My Commission Expires Aug. 20, 1954

(Seal)

2268 Morningside Dr. Nat'l City, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Calif. }
County of San Diego } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of

May, 1954 19

Signed

E. A. Peterson
(Signature of Any Credible Person)

Notary Public, residing at National City, Calif.

My commission expires My Commission Expires Aug. 20, 1954

(Seal)

2268 Morningside Dr. National City
(Street Address, City, State)

Calif.

STATE OF CALIFORNIA,

COUNTY OF SAN DIEGO, }

ss

On this 2nd day of May, 1954, before me,

J. M. Grounds a Notary Public in and for the said
County of San Diego, State of California, residing therein, duly commissioned
and sworn, personally appeared Willa R. Ellis, R. N.

..... personally known to me to
be the person.... whose name is subscribed to the within instrument, and
She.... duly acknowledged to me that She.... executed the same.

In Witness Whereof, I have hereunto set my hand and affixed my official seal, at
my office in the County of San Diego, the day and year in this certificate first above
written.

My Commission expires My Commission Expires Aug. 20, 1957

ACKNOWLEDGEMENT— General

J. M. Grounds
Plaza Press, 623 Third Avenue, San Diego



Paradise Valley

SANITARIUM AND HOSPITAL

National City, California

GREELEY 7-9353

May 2, 1954

State of Idaho
Department of Public Health
Box 640
Boise, Idaho

Re: Mrs. Doris Marie Peterson
2268 Morningside Drive
National City, California

Attention W. W. Benson, State Registrar

Dear Sir:

This is to certify that the above named person was a patient at the Paradise Valley Sanitarium and Hospital from April 14, 1942 to April 29, 1942, and at that time she gave her age and birth date as 46 years, born August 9, 1895, born in Idaho.

On a previous entry to the hospital (August 4, 1937) she gave her birthdate as the same date, and her father's name and birthplace as: Frank Richard Richards, born in Utah; and her mother's name and birthplace as: Nettie Catherine Hunter, born in Iowa.

Yours very truly,

Ulilla R. Ells, R.N.

Ulilla R. Ells, R. N.
Medical Record Librarian

ue/



375802

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Tremont (b) City St Anthony
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Tremont
(c) City St Anthony
(d) Street Address or R.F.D. No. R.F.D. #1
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. **RESIDENCE OF FATHER** (city, state) St Anthony Idaho

4. **FULL NAME OF CHILD** Jaunt Eliza Young

5. Date of Birth of Child,
(Month, day, year) Jan 25th 1895

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd No

8. No. months of Pregnancy Usual 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Stillman Young
11. Color White 12. Age at time of THIS birth 23 yrs.
13. Birthplace Elk River Minn
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Jane Olson
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Logan Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child, One (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Tremont

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 48 years, and that A, who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Elizabeth J. Young Signature
P. O. Address

Subscribed and sworn to before me this 27 day of July, 1943.

(SEAL) Walter B. Buffin Deputy Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1943 by Myra S. Saffner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

44-17-15-124-68

BOTH
DELAYED

375856

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 8 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Ida.

4. FULL NAME OF CHILD

Wayne Herman Merrick

5. Date of Birth of Child

(Month, day, year) Sept. 25, 18956. Sex Male7. Twin or
TripletIf so—born
1st, 2nd, 3rd8. No. months
of Pregnancy 99. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Henry William Merrick

11. Color

or Race White 12. Age at timeof THIS birth 45 yrs.

13. Birthplace

Lake George, New York
(City or town) (State or foreign country)

14. Exact

Occupation Rancher15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ada May George

17. Color

or Race White 18. Age at timeof THIS birth 28 yrs.

19. Birthplace

Alton, Illinois
(City or town) (State or foreign country)

20. Exact

Occupation Housewife21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)and at the place stated above, and that personal particulars were furnished by who is
(First name) (Last name)
related to this child as
(Mother, etc.)25. Attendant's
OWN signatureM.D.
Midwife Address

Date

State of Idaho
County of Canyon } ss.AFFIDAVIT to be completed when the attendant does not sign
in Item 25.I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 76 years of age, that I have known this person for 47 years, and that
(Mother, etc.)Dr. John Padgett who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.Ada M. Merrick

Signature

1223 Arthur Str. Caldwell Idaho

P. O. Address

Subscribed and sworn to before me this 23rd day of July, 1943

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public, residing at Caldwell, Ida.Received for filing on AUG 4 1943 by Mary E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 28 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



255-2291004-747

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **375807**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bear Lake (b) City St. Charles,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home,
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bear Lake
(c) City St. Charles,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 75 yrs.

4. FULL NAME OF CHILDIola Annie Keetch

7. Twin or
Triplet

6. Sex female

born
1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state)**5. Date of Birth of Child**(Month, day, year) Aug. 29, 1895.

8. No. months
of Pregnancy 9

9. Legitimate? yes**FATHER OF CHILD****10. FULL NAME**Elija Charles Keetch

11. Color white 12. Age at time
or Race white of THIS birth 30 yrs.

13. Birthplace St. Charles, Idaho
(City or town) (State or foreign country)

14. Exact
Occupation Farmler & stock-raising

15. Industry or
Business

MOTHER OF CHILD**16. FULL MAIDEN NAME**Annie Staniforth Pugmire

17. Color white 18. Age at time
or Race white of THIS birth 27 yrs.

19. Birthplace St. Charles, Idaho
(City or town) (State or foreign country)

20. Exact
Occupation Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 6:00 P. M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Annie Staniforth Pugmire Keetch
(First name) (Last name)
who is related as mother
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 75 years of age, that I have known this person for 47 years, and that

Annie Iaker who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Annie S. P. Keetch Signature

St. Charles, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of August, 1943.

(SEAL)

Notary Public, residing at Paris, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-214, Idaho Code Annotated.)

Received for filing on AUG 6 1943 by Mary E. Eder Registrar.

AUG 6 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

763-2041044-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **375908**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)

(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mothers stay **BEFORE** delivery:

In **THIS** county 4 years months days

4. FULL NAME OF CHILD

Adia Pearl Potter

6. Sex

female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

10. FULL NAME

Newton Jasper Potter

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Danville Indiana

(City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state)

Midvale Idaho

5. Date of Birth of Child (Month, day, year) Oct-4-1895

8. No. months of Pregnancy 9

9. Legitimate?

16. FULL MAIDEN NAME

Jennie Garland

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Farley Iowa

(City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at P.M. on the date

and at the place stated above, and that personal particulars were furnished by Arthur Z. Ader

who is related as Cousin

(Mother, etc.)

25. Attendant's OWN signature

M.D. Address Weiser Idaho

Midwife

Date Aug 6-1943

State of Idaho } ss.
County of Washington

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Consul of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 57 years, and that

Dr. J. R. Numbers

(First name)

(Last name)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 6th day of August, 1943

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 9 1943 by Marj E. Eder, Registrar.

AUG 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

268-114028-815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **375996**

Local Reg. No. _____

Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County Kootenai (b) City Kootenai
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mothers stay **BEFORE** delivery:

In **THIS** county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Kootenai (b) County Kootenai
(c) City Idaho
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD**

George Wilbur Boyer

5. Date of Birth of Child

(Month, day, year) Feb. 14, 1895.

6. Sex male
7. Twin or Triplet _____

If so—born
1st, 2nd, 3rd _____

8. No. months
of Pregnancy 9

9. Legitimate? _____

10. **FULL NAME**

Alfred Boyer

11. Color or Race White 12. Age at time of THIS birth 41 yrs.

13. Birthplace Sciotoville, Ohio
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Postmaster

MOTHER OF CHILD

16. **FULL MAIDEN NAME**

Luella Geneva Haney

17. Color or Race White 18. Age at time of THIS birth 32 yrs.

19. Birthplace Montown, Ohio
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Asst. Postmaster

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____

(First name)

(Last name)

who is related as _____

(Mother, etc.)

25. Attendant's
OWN signature _____

M.D.
Midwife _____

Address _____

Date _____

State of Washington
County of Pierce ss. O'Keefe

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4,
(Mother, etc.)

above, that I am now 56 years of age, that I have known this person for all his life years, and that
Elizabeth Brisco who attended this birth is dead.

(First name)

(Last name)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Nellie Roberta Dear Signature
Newport, W.M.P.O. Address

Subscribed and sworn to before me this 31th day of August, 1943

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)
Marj Elder Registrar

Received for filing on _____

AUG 13 1943

by _____

Registrar.

JUN 22 1971

AUG 16 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7/3-02-228-8/8

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **377219**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items of time of this birth) (a) County <u>Kootenai</u> (b) City <u>St. Joe</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county <u>4</u> years <u>7</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Kootenai</u> (c) City <u>St. Joe</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>4 yrs. 7 mos.</u>	
4. FULL NAME OF CHILD <u>Helen Frances Patterson</u>		5. Date of Birth of Child (Month, day, year) <u>August 2, 1895</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>—</u> If so—born 1st, 2nd, 3rd <u>—</u>	8. No. months of Pregnancy <u>Nine</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>John James Patterson</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>47</u> yrs. 13. Birthplace <u>Richmond Virginia</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Engineer</u> 15. Industry or Business <u>Road Supervisor</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Margaret Louise Hays</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>35</u> yrs. 19. Birthplace <u>(Rural) Pike Ohio</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>(not known)</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

State of California } ss.
County of Los Angeles

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 81 years of age, that I have known this person for 44 years, and that
(First name) Dr. Topping (Last name) who attended this birth is now deceased I further
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Margaret Louise Patterson Signature
923 Blaine Ave., Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this 16 day of August, 1943
(SEAL) Beatrice E. Hargis Notary Public, residing at Don Pedro Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires April 11th 1944

Received for filing on Aug 21 1943 by Margaret E. Eder Registrar.

AUG 25 1943

JAN 14 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 36, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

312-219-002-465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **377981**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Adams** (b) City **Council**
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county **8** years, months, days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **Adams**
(c) City **Council**
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.

4. **FULL NAME OF CHILD** **Bertha Elizabeth Lakey**
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

3. **RESIDENCE OF FATHER** (city, state) _____
5. Date of Birth of Child **April 19, 1890**
(Month, day, year) _____
8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD
10. **FULL NAME** **Jacob Lee Lakey**
11. Color or Race **White** 12. Age at time of THIS birth **29** yrs.
13. Birthplace **Wheaton, Oregon**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** **Lottie Montgomery**
17. Color or Race **White** 18. Age at time of THIS birth **18** yrs.
19. Birthplace **Boise, Idaho**
(City or town) (State or foreign country)
20. Exact Occupation **House wife**
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child **Two** (b) Born alive and now living **Two**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of **Oregon** } ss.
County of **Boise** }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4, above that I am now **66** years of age, that I have known this person for **48** years, and that **Rebecca Wilson** who attended this birth **deceased** I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lottie Lakey Signature

P. O. Address
Subscribed and sworn to before me this **26th** day of **August**, 19**43**
(SEAL) **W. C. Roberts** Notary Public, residing at **Myrtle Point, Or.**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
My commission expires **June 19, 1944**

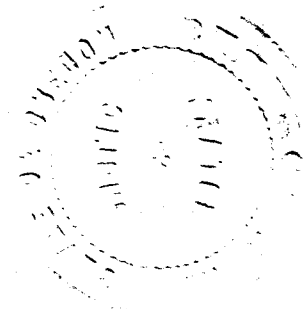
Received for filing on **SEP 1 1943** by **Mabel F. Elder** Registrar.

1825-7

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



S 72-231-003-799

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **377233**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mothers stay BEFORE delivery:
In THIS county _____ years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho About seven yrs.

4. FULL NAME OF CHILD

Myrtle Maria Egbert

5. Date of Birth of Child

(Month, day, year) July 31, 18956. Sex Female7. Twin or Triplet NoIf so—born
1st, 2nd, 3rd8. No. months
of Pregnancy 99. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Riley Egbert

11. Color or Race White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Salth City Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Adeline Price

17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Ogden Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Idaho } ss.
County of Bannock }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 59 years of age, that I have known this person for 47 years, and that
Myrtle Maria Egbert who attended this birth is now dead I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mary Nelson

Signature

Idaho Falls P.O. P. O. AddressSubscribed and sworn to before me this 24 day of August, 1943

(SEAL)

Notary Public, residing at Idaho Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by Mabel Egbert Registrar.

SEP 1 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 8 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-111-003-385

377466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Pocatello</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>6</u> years <u>1</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State (b) County (c) City (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs.	
4. FULL NAME OF CHILD <u>George Robethan Baker</u> 6. Sex <u>Male</u> 7. Twin or Triplet <u>Triplet</u> If so—born 1st, 2nd, 3rd		3. RESIDENCE OF FATHER (city, state) 5. Date of Birth of Child (Month, day, year) <u>Nov. 11, 1895</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>John Sherman Baker</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>38</u> yrs. 13. Birthplace <u>Plattsburg New York</u> (City or town) (State or foreign country) 14. Exact Occupation <u>R.R. Station Agent, O.S.L.</u> 15. Industry or Business <u>Railroad Train Opns.</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Theobald</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>31</u> yrs. 19. Birthplace <u>Toquerville, Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>"</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>7</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by
 (First name) (Last name)
 who is related as
 (Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
 Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4,
 above, that I am now 59 years of age, that I have known this person for 47 years, and that
Dr. Bean who attended this birth is now deceased I further
 (First name) (Last name)
 state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
 1937 Session Laws.

Mrs. Alice M. Casper Signature
Blackfoot, Idaho P.O. Address

Subscribed and sworn to before me this 24th day of June, 1943

(SEAL)

Jno. H. Falk, Clerk of the District Court, Sixth Judicial District
 By Joyce W. Falk, Deputy, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-214, Idaho Code Annotated.) in Bingham County.

Received for filing on SEP 10 1943 by Mabel J. Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

397-224-036-867

377485

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oreida</u> (b) City <u>Preston</u> (c) Street Address or R.F.D. No. <u>294 So 3 E St</u> (d) Name of Hospital or Maternity Home: <u>Family Residence</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oreida</u> (c) City <u>Preston</u> (d) Street Address or R.F.D. No. <u>Oreida St + 1 West</u> (e) How long has MOTHER lived in Idaho? <u>12 yrs</u>	
4. FULL NAME OF CHILD <u>Wanda Jippeta</u>		5. Date of Birth of Child (Month, day, year) <u>Feb-24-1895</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u>No</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>			
FATHER OF CHILD 10. FULL NAME <u>Harrison Jippeta</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>73</u> yrs. 13. Birthplace <u>Salt Lake City Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Blacksmith</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Ida Hopkins</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>23</u> yrs. 19. Birthplace <u>Smithfield Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)
25. Attendant's **OWN** signature _____ M.D. Her Shipp (deceased.) Address _____ Date _____

State of Idaho }
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 48 years, and that Her (First name) Shipp (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harrison Jippeta Signature
527 East Fifth North, Logan, Utah. P. O. Address

Subscribed and sworn to before me this 11th day of September, 1943

(SEAL) Herb Turner Notary Public, residing at Bozatto, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 13 1943 by Mary H. H. H. Registrar.

SEP 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

314-204-029-613

377642

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State-File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>4</u> years <u>3</u> months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>5</u> yrs.	
4. FULL NAME OF CHILD <u>Delia Opal Campbell</u>		5. Date of Birth of Child (Month, day, year) <u>May-4-1895</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u>Twin</u> If so—born <u>1st 2nd, 3rd</u>		8. No. months of Pregnancy <u>7</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Andrew Jackson Campbell</u> 11. Color <u>White</u> 12. Age at time of THIS birth <u>37</u> yrs. 13. Birthplace <u>Rawlough North Carolina</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Blacksmith</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Leon Clementine Watts</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>35</u> yrs. 19. Birthplace <u>Fayetteville, Arko</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 11:00 P.M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Delia Opal Campbell
(First name) (Last name)
who is related as Sister Saura S. Gehner
(Mother, etc.)
25. Attendant's OWN signature _____ Address _____ Date May 4, 1895
Midwife _____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4,
above, that I am now 58 years of age, that I have known this person for 48 years, and that
(First name) Berg (Last name) _____, who attended this birth deceased I further
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.
Saura S. Gehner Signature
Strangerville Idaho P.O. Address
Subscribed and sworn to before me this 9th day of September, 1943.
(SEAL) J. E. H. H. H. Notary Public, residing at Strangerville
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

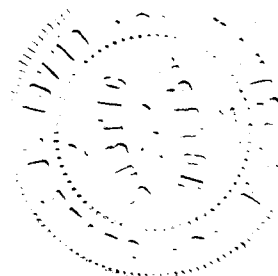
Received for filing on SEP 16 1943 by Malv F. F. F. Registrar.

SEP 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

769-218-040-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **377609**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Shoshone</u> (b) City <u>Burke</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county <u>2</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Shoshone</u> (c) City <u>Burke</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>2</u> yrs	
4. FULL NAME OF CHILD <u>Mayme Challis Gormley</u>		5. Date of Birth of Child (Month, day, year) <u>5-18-1895</u>	
6. Sex <u>Female</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
10. FULL NAME <u>John Patrick Gormley</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>17</u> yrs. 13. Birthplace <u>Minto, N.B. Canada</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Mining</u> 15. Industry or Business		16. FULL NAME <u>Bridget Teresa Burke</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>18</u> yrs. 19. Birthplace <u>Castle Connell, Ireland</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>7</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's OWN signature Caroline E. Gormley M.D. Address Date
Caroline E. Gormley Midwife
State of Idaho ss.
County of Burnley

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 75 years of age, that I have known this person for 48 years, and that
Jane Doe (First name) Seaford (Last name), who attended this birth now deceased I further
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
Session Laws.

John Patrick Gormley Signature
Minto, N.B. P. O. Address

Subscribed and sworn to before me this 9th day of August, 1943
(SEAL) Edward J. Anderson Notary Public, residing at Minto, N.B.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

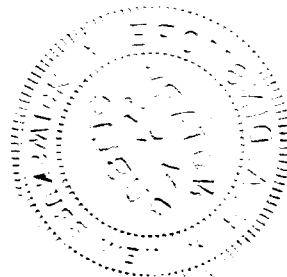
Received for filing on SEP 21 1943 by Malcolm H. Pender Registrar.

SEP 21 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

168-215029-294

378787

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>born at home</u> (e) Mothers stay BEFORE delivery: In <u>THIS</u> county <u>3</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>3</u> yrs.	
4. FULL NAME OF CHILD <u>Hazel Johnson</u>		5. Date of Birth of Child (Month, day, year) <u>April 12 1895</u>	
6. Sex <u>Female</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet		9. Legitimate? <u>yes</u>	

FATHER OF CHILD 10. FULL NAME <u>John Wesley Johnson</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>41</u> yrs. 13. Birthplace <u>Cottage Grove Oregon</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farming</u> 15. Industry or Business <u>Farmer</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Susie Simmons</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>Walla Walla Washington</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House Wife</u> 21. Industry or Business " "	
---	--	---	--

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

State of Washington } ss.
County of Asotin }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 74 years of age, that I have known this person for 48 years, and that
Mrs. Mc Curry who attended this birth is now deceased
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Susie Johnson Signature
315 Poplar, Clarkston, Wash. P. O. Address
Sept. 43

Subscribed and sworn to before me this 22 day of Sept., 1943
(SEAL) Burton Stalvey Notary Public, residing at Clarkston
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 27 1943 by Mabel Hedger Registrar.

SEP 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

378942

249 223 028168
 United States
 Department of Commerce
 Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
 Local Reg. No.
 Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>Kootenai</u>	(b) City <u>Near Sand Point</u>	(a) State <u>Idaho</u>	(b) County <u>Kootenai</u>
(c) Street Address or R.F.D. No.		(c) City <u>Near Sand Point</u>	
(d) Name of Hospital or Maternity Home: <u>At own residence</u>		(d) Street Address or R.F.D. No.	
(e) Mothers stay BEFORE delivery: In THIS county <u>2</u> years - months - days		(e) How long has MOTHER lived in Idaho? <u>Two</u> yrs.	
4. FULL NAME OF CHILD <u>Florence Hetta Smithe</u>		5. Date of Birth of Child (Month, day, year) <u>Febr. 23-1995</u>	
6. Sex <u>Female</u>		8. No. months of Pregnancy <u>nine</u>	
7. Twin or Triplet		9. Legitimate? <u>Yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Wilton Lewis Smithe</u>		16. FULL MAIDEN NAME <u>Caroline Johnson</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>25</u> yrs.		18. Age at time of THIS birth <u>21</u> yrs.	
13. Birthplace <u>London England</u> (City or town) (State or foreign country)		19. Birthplace <u>Burnside Wisconsin</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Laborer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Woodsman</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Bovic Acid</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>one</u> (b) Born alive and now living <u>yes</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by
 (First name) (Last name)
 who is related as
 (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
 Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Grand-Aunt of the person whose name appears in Item 4,
 above, that I am now 71 years of age, that I have known this person for all her life, and that
Dr. Paige also Ella Dodge-nurse attended this birth Is now deceased. I further
 state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
 1937 Session Laws.

My Commission expires
 August 9, 1945

Cara J. McQuade Signature
 Route 1, Box 572, Arlington, P. O. Address
 29th day of September, 1943 Calif.

Subscribed and sworn to before me this day of
 (SEAL) John Jones Notary Public, residing at Arlington
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-314, Idaho Code Annotated.)

Received for filing on OCT 5 1943 by Mabel H. Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1943 OCT 9 130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

459 230021-386

380359

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

OCT 21 1943
CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Franklin (b) City Franklin
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: born at home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 3 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Franklin
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 3 yrs. yrs.

4. **FULL NAME OF CHILD** Oliver Winifred Merrill
7. Twin or Triplet no If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Richmond, Utah
5. Date of Birth of Child (Month, day, year) Nov. 30-1893
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Thos. Hagan Merrill
11. Color or Race White 12. Age at time of THIS birth 3 1/2 yrs.
13. Birthplace Bountiful, Utah (City or town) (State or foreign country)
14. Exact Occupation Principal of school
15. Industry or Business Farmer

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Maggie Thomson
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation School teacher before marriage
21. Industry or Business marriage

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
who is related as.....(Mother, etc.)

25. Attendant's **OWN** signature.....M.D. Address Date
Midwife

State of Utah } ss.
County of Cook

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 83 years of age, that I have known this person for 83 years, and that
Mary Ann (First name) Hawkes (Last name), who attended this birth is now deceased further
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Maggie T. Merrill Signature
Richmond, Utah P. O. Address

Subscribed and sworn to before me this 19th day of Oct., 1943
(SEAL) [Signature] Notary Public, residing at Richmond, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 22 1943 by [Signature] Registrar.

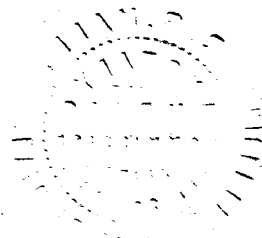
JUN 26 1938

OCT 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

849-114-007-434

380559

380559

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 380559
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Arco
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
None
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
Idaho
(c) City Arco
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

4. **FULL NAME OF CHILD** John Sterling Hurst,
5. Date of Birth of Child (Month, day, year) July 14, 1895

Male Male Male
7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9 Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mark Hurst
11. Color or Race White 12. Age at time of THIS birth 45 yrs.
13. Birthplace Springfield, Mo. (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Farming.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Johnnina McDougall
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Capre Braten, Nova Scotia (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____

State of Idaho } ss.
County of Butte

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the friend of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 48 years, and that

Mark Hurst (First name) Mark Hurst (Last name), who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ora Welch Signature
Arco, Idaho. P.O. Address

Subscribed and sworn to before me this 8th day of November, 1943
(SEAL) _____ Notary Public, residing at Arco, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-514, Idaho Code Annotated.)

Received for filing on NOV 26 1943 by Malv F. Linder Registrar.

JAN 18 1960

NOV 28 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

699 206 039 231

380655

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oneida (b) City Neeley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bonnaville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ORLEAN WRIGHT

6. Sex Female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd

10. FULL NAME Moses J. Wright

11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Brigham City, Utah, USA
(City or town) (State or foreign country)
14. Exact Occupation Merchant & Farmer
15. Industry or Business Retail Merchant and Farmer

5. Date of Birth of Child August 6, 1895
(Month, day, year)

8. No. months of Pregnancy 9 9. Legitimate? Yes.

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah E. Stanger
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Slatersville, Utah, USA.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living eight

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho }
County of Bonneville. } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the uncle of the person whose name appears in Item 4, above, that I am now seventy-one years of age, that I have known this person for forty-eight years, and that (my Mother) Mary E. Stanger, who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alburt E. Stanger Signature
Idaho Falls, R. No. 1, Idaho. P. O. Address

Subscribed and sworn to before me this 18th day of November, 1943.
(SEAL) Eloise Martin Notary Public, residing at Idaho Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

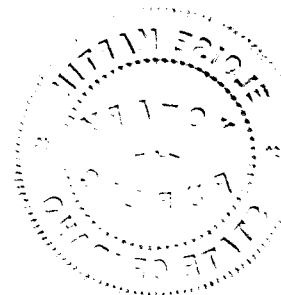
Received for filing on NOV 13 1943 by Mary E. Stanger Registrar.

8101 2 I AON

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

735-20 8'001-234

181856

381856

United States (Be sure the information is as of date of birth of THIS child.) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>No street No.</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>30</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>No Number</u> (e) How long has MOTHER lived in Idaho? <u>30</u> yrs.	
4. FULL NAME OF CHILD <u>Charlotte Z. Glenn</u> 7. Twin or Triplet <u>Single</u> If so—born 1st, 2nd, 3rd		3. RESIDENCE OF FATHER (city, state) <u>Boise, Idaho.</u> 5. Date of Birth of Child (Month, day, year) <u>July 8, 1895</u> 8. No. months of Pregnancy <u>9 Mo.</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>John Edward Glenn</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>Libertyville, Iowa.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Same</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Anna El. Scurvin</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>32</u> yrs. 19. Birthplace <u>Corvallis, Oregon.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>same</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.			
23. Number of children of this mother: (a) At time of birth and including this child <u>none</u> (b) Born alive and now living <u>three</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____ Midwife _____

AFFIDAVIT

State of Idaho. County of Ada. ss. (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now seventy eight years of age, that I have known this person for forty eight years, and that Dr. Lewis C. Bowers who attended this birth is now deceased further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Edward Glenn Signature
Route No 2. Boise. Idaho P. O. Address

Subscribed and sworn to before me this 6th day of December, 1943.
(SEAL) Charles Haddock Notary Public, residing at Boise, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 6 - 1943 by John Haddock Registrar.

MAR 9 1944
AUG 1 1945

DEC 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

295-103-004-386

381953

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Liberty, Idaho
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Liberty, I
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.

4. **FULL NAME OF CHILD** William Charles King
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

3. **RESIDENCE OF FATHER** (city, state) Sharon, Idaho
5. Date of Birth of Child (Month, day, year) Sept. 3, 1895
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** David Charles King
11. Color white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Liberty Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Rose M. Thernock
17. Color White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Bloomington, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at 11 P.M. on the date _____ (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by MARY HYMAS who is related as Friend (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address Liberty Idaho Date _____
Midwife _____

State of Idaho } ss.
County of Bear Lake }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 48 years, and that MARY HYMAS who attended this birth DECEASED (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David Charles King Signature
OVID IDAHO P. O. Address

Subscribed and sworn to before me this 24th day of November, 1943
(SEAL) _____, Notary Public, residing at Paris Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-314, Idaho Code Annotated.)

Received for filing on DEC 6 1943 by Mary Foster Registrar.

DEC 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **382064**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Blackbear Idaho
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 7 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Blackbear
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
3. **RESIDENCE OF FATHER** (city, state) Blackbear Idaho
5. Date of Birth of Child Apr. 2 1895
(Month, day, year)
6. Sex Female 7. Twin or Triplet — If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Frank Moschety
11. Color White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Austria (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business none
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Anna Genty
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was — at — M. on the date — and at the place stated above, and that personal particulars were furnished by — (First name) (Last name) who is related as — (Mother, etc.)
25. Attendant's **OWN** signature Wissconsin M.D. Address Date
Milwaukee Midwife

AFFIDAVIT

- (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the * Mother of the person whose name appears in Item 4, above, that I am now * 69 years of age, that I have known this person for * 48 years, and that Mrs. Iverson who attended this birth is deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

- Subscribed and sworn to before me this 16th day of Nov. 1943
(SEAL) A. Wesolowski Notary Public, residing at 5812 N. Burnham
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) West Allis, Wis.

Received for filing on DEC 11 1943 by — Registrar.

DEC 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

353-219 037-133

383286

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Power</u> (b) City <u>American Falls</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county <u>15</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Power</u> (c) City <u>Rockland</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>60</u> yrs.	
4. FULL NAME OF CHILD <u>Mariah Florence/Kelly</u>		5. Date of Birth of Child (Month, day, year) <u>Nov. 19, 1895</u>	
6. Sex <u>F.</u>	7. Twin or Triplet <u>Triplet</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>George E. Kelly</u>	16. FULL MAIDEN NAME <u>Orpha Allen</u>	17. Color or Race	18. Age at time of THIS birth
11. Birthplace <u>B righam City, Utah</u> (City or town) (State or foreign country)	19. Birthplace <u>Idaho</u> (City or town) (State or foreign country)	14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>Housewife</u>
15. Industry or Business	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's signature M.D. Address Date
OWN signature Midwife

State of Idaho
County of Power } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 50 years of age, that I have known this person for 48 years, and that
Emily Lish who attended this birth is deceased. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mary Kelly Wood Signature
Rockland, Idaho P. O. Address

Subscribed and sworn to before me this 30 day of Dec., 1943
(SEAL) Allen COUNTY RECORDER AND CLERK OF
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) 1TH DISTRICT COURT

Received for filing on JAN 11 1944 by Allen Registrar.

JAN 1 2 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the~~ Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

799 223 001 415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **383307**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Ada** (b) City **Meridian**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD **Edna Louise Scribble**

6. Sex **Female** **7. Twin or Triplet** **8. No. months of Pregnancy** **9. Legitimate?** **yes.**

FATHER OF CHILD

10. FULL NAME **George W. Scribble**
11. Color **White** **12. Age at time of THIS birth** **40 yrs.**
13. Birthplace **Bozeman, Wis.**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Ada**
(c) City **Meridian**
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? **6** yrs.

3. RESIDENCE OF FATHER (city, state) **Idaho**

5. Date of Birth of Child

(Month, day, year) **Mar. 23 - 1915**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Margaret Jane Manuel**
17. Color **White** **18. Age at time of THIS birth** **36 yrs.**
19. Birthplace **Bozeman, Wis.**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **4** (b) Born alive and now living **4**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Midwife** **Address** **Date**

State of County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4, above, that I am now **34** years of age, that I have known this person for **48** years, and that **Nellie M. Jenkins**, who attended this birth **X** I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Jane Manuel Scribble Signature
Bozeman, Idaho, RFD #1 P. O. Address

Subscribed and sworn to before me this **5th** day of **Jan**, 19 **44**

(SEAL)

Clara Jenkins Notary Public, residing at **Grand View**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **JAN 11 1944** by **Mary P. Elder**, Registrar.

JAN 1 1911

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

675 217004 767

383319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Fish Haven
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Fish Haven
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 51 yrs..

4. **FULL NAME OF CHILD** La Nor Findlay
7. Twin or Triplet
6. Sex Female

3. **RESIDENCE OF FATHER** (city, state) Fish Haven, Idaho
5. Date of Birth of Child (Month, day, year) Oct. 17, 1895
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Frank Partington Findlay
11. Color white 12. Age at time 25
or Race 1 of THIS birth yrs.
13. Birthplace Salt Lake City, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Hattie Pope
17. Color White 18. Age at time 18
or Race 1 of THIS birth yrs.
19. Birthplace Fish Haven, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 66 years of age, that I have known this person for 48 years, and that
Hattie Lindlay (First name) Martha Shisley (Last name), who attended this birth (I now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Hattie Lindlay Signature
Fish Haven, Idaho P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....
(SEAL) Don Whitman Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17914, Idaho Code Annotated.)

Received for filing on JAN 18 1944 by Mary Elder Registrar.

JAN 15 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has not been recorded, or in case of failure to report any birth~~ which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

692214 028 219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **384521**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Kootenai</u> (b) City <u>Harrison</u> (c) Street Address or R.F.D. No. <u>Box 154</u> (d) Name of Hospital or Maternity Home <u>at own home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>yes</u> years <u>54</u> months <u>0</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Kootenai</u> (c) City <u>Harrison</u> (d) Street Address or R.F.D. No. <u>Box 154</u> (e) How long has MOTHER lived in Idaho? <u>54</u> yrs.	
4. FULL NAME OF CHILD <u>Maudie Ellen Fisher</u>		5. Date of Birth of Child (Month, day, year) <u>Oct. 14, 1895</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u>0</u> 8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>John E. Fisher</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>Memphis Tenn.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer and</u> 15. Industry or Business <u>Watchmaker + Jeweler</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Ida May Barbee</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>23</u> yrs. 19. Birthplace <u>Jefferson Co. Ill.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>house wife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 10 P.M. on the date Oct 14, 1895
(Born alive, stillborn) Ida M Fisher
and at the place stated above, and that personal particulars were furnished by Ida M Fisher
who is related as mother
(Mother, etc.)

25. Attendant's Mrs Helen Hoyle M.D. Midwife Address Harrison Idaho Date Jan 21 - 45
OWN signature

State of _____
County of _____ ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4,
above, that I am now _____ years of age, that I have known this person for _____ years, and that
_____, who attended this birth _____ I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL)

_____, Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1 1895 by Mabel E. Elden, Registrar.

FEB 2 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

495-202028-319

384679

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? over yrs.

4. **FULL NAME OF CHILD** Edith May Dier
5. Date of Birth of Child (Month, day, year) Sept 2 - 1895
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** John Dier
11. Color or Race white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Dazy (City or town) No Dak (State or foreign country)
14. Exact Occupation Labourer
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Polly Estella Carman
17. Color or Race white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Commercia (City or town) Kans (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child over (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

- State of North Dakota } ss.
County of Beauregard }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

- I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 67 years of age, that I have known this person for forty five years, and that
Edith May Dier my Mother, who attended this birth deceased, I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mrs Estella Dier Signature
Beauregard No Dak. P.O. Address

Subscribed and sworn to before me this 26th day of January, 1947
(SEAL) Blair G. Dierhoff, Notary Public, residing at Valley City, N.D.
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1947 Notary Public, Blair G. Dierhoff, My Commission expires March 25, 1951
Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 22 1961

FEB 14 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

857-215-222-766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **385845**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? nine yrs.

3. **RESIDENCE OF FATHER** (city, state) Meridian, Idaho
5. Date of Birth of Child
(Month, day, year) April 15, 1895
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate? yes

4. **FULL NAME OF CHILD** Lola Yearsley
10. **FULL NAME** Heber Chase Yearsley
11. Color or Race white 12. Age at time of THIS birth 47 yrs.
13. Birthplace Ogden Utah
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

16. **FULL MAIDEN NAME** Addaline Poole
17. Color or Race white 18. Age at time of THIS birth 43 yrs.
19. Birthplace Centerville Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child nine (b) Born alive and now living eight

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 1 P.M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Addaline
(First name) (Last name)
who is related as mother
(Mother, etc.)

25. Attendant's **OWN** signature Jennette Caldwell Address Meridian Idaho Date Feb 20-44
Midwife
State of _____ } ss.
County of _____ }
AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now _____ years of age, that I have known this person for _____ years, and that
_____, who attended this birth. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Signature

P. O. Address
Subscribed and sworn to before me this _____ day of _____, 19____.
(SEAL) _____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on FEB 25 1944 by Mary Elder, Registrar.

FEB 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

169-212-021-849
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **385854**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 2 years 4 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

4. **FULL NAME OF CHILD** Rosabelle Jordan

5. Date of Birth of Child
(Month, day, year) 9-12-1895

6. Sex girl 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Jordan
11. Color white 12. Age at time of THIS birth 21 yrs.
13. Birthplace Dufur Oregon
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Hurst
17. Color white 18. Age at time of THIS birth 17 yrs.
19. Birthplace Boise Idaho
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. none

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by MARY Thompson
(First name) (Last name)
who is related as mother
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date 8-12-1895
Mrs E Anderson
Midwife

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 65 years of age, that I have known this person for 48 years, and that
Mrs. E. Anderson who attended this birth now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mrs Mary Thompson Signature
Twiston, Idaho P.O. Box 12 P. O. Address

Subscribed and sworn to before me this 21st day of February, 1944.

(SEAL)

And DeWoolster Notary Public, residing at Twiston Id

Received for filing on FEB 25 1944 by Mary E. Anderson Registrar.

FEB 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

304-124033-645
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

385882
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Madison</u> (b) City <u>Rexburg</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mothers stay BEFORE delivery: In THIS county <u>two</u> years <u>two</u> months <u>days</u>		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Madison</u> (c) City <u>Rexburg</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>nine</u> yrs.	
4. FULL NAME OF CHILD <u>Comstock, Harry Isaac</u>		3. RESIDENCE OF FATHER (city, state) <u>Rexburg, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>April 24, 1895</u>	
6. Sex <u>male</u>		7. Twin or Triplet <u>neither</u> If so—born 1st, 2nd, 3rd	
8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Comstock, Crocker Henry</u> 11. Color <u>white</u> or Race <u>white</u> 12. Age at time of THIS birth <u>34</u> yrs. 13. Birthplace <u>LaHarpe, Illinois</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Druggist</u> 15. Industry or Business <u>Drugstore</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Punk, Mary Ann</u> 17. Color <u>white</u> or Race <u>white</u> 18. Age at time of THIS birth <u>29</u> yrs. 19. Birthplace <u>LaHarpe, Illinois</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business <u>housewife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>three</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>three</u> (b) Born alive and now living <u>three</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's
OWN signature M.D. Address Date
Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
State of Kansas } ss.
County of Neosho }
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 77 years of age, that I have known this person for 48 years, and that
Mrs. Harry Comstock who attended this birth is now deceased
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.
Mrs Mary Ann Comstock Signature
214 N. Grant., Chanute, Kans. P.O. Address
Subscribed and sworn to before me this 15th day of January, 1944
(SEAL) David L. McQuinn Notary Public, residing at Chanute, Kansas
(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)
my commission expires February 1, 1945

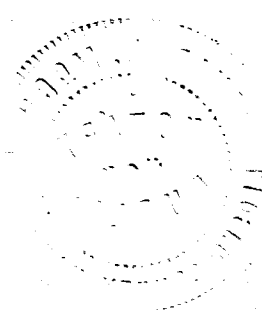
Received for filing on FEB 25 1944 by Mal H. H. H. Registrar.

FEB 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

643-109-032-453
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **385914**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County Lincoln (b) City Bliss
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State. (b) County.
(c) City.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

5. Date of Birth of Child
(Month, day, year) Mar. 9-1895

4. **FULL NAME OF CHILD**

John Luman Fuller

6. Sex M

7. Twin or Triplet
If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** James Luman Fuller
11. Color or Race White 12. Age at time of THIS birth yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Attorney
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Amanda Decker
17. Color or Race White 18. Age at time of THIS birth yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho ss.
County of Blaine

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 53 years of age, that I have known this person for 48 years, and that

Dr. W. H. Raugh who attended this birth now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Russell D. Fuller Signature
AMERICAN FALLS, IDAHO P. O. Address

Subscribed and sworn to before me this 21st day of February, 1944.

(SEAL)

W. Sparks Notary Public, residing at American Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 1-1944 by Mabel Helder Registrar.

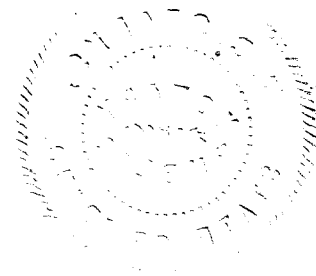
NOV 30 1960

MAR 6 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

295-130029-219
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

386051
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: In home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 4 years 9 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** James E. Kinyon

5. Date of Birth of Child May 30, 1895
(Month, day, year)

6. Sex male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Homer Ellis Kinyon
11. Color or Race white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Oakley, Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vieanna Parks
17. Color or Race white 18. Age at time of THIS birth 35 yrs.
19. Birthplace Iowa
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum. None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Washington
County of Asotin ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 77 years of age, that I have known this person for 48 years, and that
Mrs. Waring who attended this birth is now deceased I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mary J. Cornum Signature
639-12th St. Clarkston, Wash. P. O. Address

Subscribed and sworn to before me this 4th day of March, 1944.

(SEAL)

[Signature] Notary Public, residing at Clarkston, Wn.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)


Received for filing on MAR 10 1944 by [Signature] Registrar.

MAR 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

386096
386096
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Home
(e) Mother's stay BEFORE delivery:
IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett, Idaho

4. FULL NAME OF CHILD Ethel Dora Knox

5. Date of Birth of Child
(Month, day, year) June 22nd 1895

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Clayton Bane Knox
11. Color White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Emmett Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer and Stockman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Alice Knouse
17. Color White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Laclede Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child.....2 (b) Born alive and now living.....2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature M.D. Address Date

State of.....Idaho ss.
County of.....Gen

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Father.....of the person whose name appears
in Item 4, above, that I am now.....73.....years of age, that I have known this person for.....48.....years, and that
.....Mrs. Charles Oakes....., who attended this birth.....is now deceased..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Clayton Bane Knox
Emmett, Idaho

Signature
P. O. Address

Subscribed and sworn to before me this 27th day of March, 1944

(SEAL) [Signature] Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....APR 1 - 1944.....by.....J. L. Reynolds.....Registrar.

DEC 31 1958

APR 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

386122

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: At home

(e) Mothers stay BEFORE delivery:
In THIS county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. General Delivery
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston, Idaho

5. Date of Birth of Child
(Month, day, year) 7-13-1895

4. FULL NAME OF CHILD Opal Viola Inghram

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Longstaff Inghram
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Houlton, Maine
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lelia Ann Bentley
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Pittsfield Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 5 A. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Lelia Ann Inghram
(First name) (Last name)
who is related as mother
(Mother, etc.)

25. Attendant's OWN signature J. R. Morris M.D. Address Lewiston, Idaho Date

State of Idaho } ss.
County of Nez Perce

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 68 years of age, that I have known this person for 48 years, and that
Dr. J. R. Morris who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Lelia Ann Inghram Signature
220-18-St. Lewiston, Idaho P.O. Address

Subscribed and sworn to before me this 29th day of February, 1944.

(SEAL)

Notary Public, residing at Lewiston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1944 by Mary Elder Registrar.

MAR 16 1914

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

236 129 006 168

(Be sure the information is as of date of birth of THIS child.)

387439

State File No. 387439

United States

Department of Commerce

CERTIFICATE OF BIRTH

Local Reg. No.

Reg. Dist. No.

STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County BINGHAM (b) City IDAHO FALLS

(c) Street Address or R.F.D. No. South Water

(d) Name of Hospital or Maternity Home:

At his home

(e) Mothers stay BEFORE delivery:

In THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County BINGHAM

(c) City IDAHO FALLS, IDAHO

(d) Street Address or R.F.D. No. South Water

(e) How long has MOTHER lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD OSCAR FERDINAND BLOMQUIST

5. Date of Birth of Child
(Month, day, year) JAN. 29, 1895

6. Sex MALE

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Gust Blomquist

11. Color or Race White 12. Age at time
of THIS birth 32 yrs.

13. Birthplace Wermland Sweden
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lina Johnson

17. Color or Race White 18. Age at time
of THIS birth 20 yrs.

19. Birthplace Gudbrandarn Norway
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE at 10:PM on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Lina Blomquist
(First name) (Last name)

who is related as MOTHER
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of IDAHO } ss.
County of BONNEVILLE

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 68 years of age, that I have known this person for 49 PLUS years, and that

Dr. Olen who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

X Miss Lina Blomquist Signature
2015 So Blvd P. O. Address

Subscribed and sworn to before me this 10TH day of APRIL, 19 44

(SEAL)

Notary Public, residing at IDAHO FALLS

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1944 by Mabel Helder Registrar.

APR 2 1 1914

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

793-204001-653

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **387599**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Star
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mothers stay BEFORE delivery:

In **THIS** county 2 years _____ months _____ days

4. FULL NAME OF CHILD

Izora Pearl Gilman

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME Samuel Delbert Gilman

11. Color or Race white 12. Age at time of THIS birth 38 yrs.

13. Birthplace Iowa (City or town) _____ (State or foreign country) _____

14. Exact Occupation Farmer

15. Industry or Business _____

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Star Idaho

5. Date of Birth of Child (Month, day, year) July 4th 1895

8. No. months of Pregnancy nine 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Zetta Wells

17. Color or Race white 18. Age at time of THIS birth 36 yrs.

19. Birthplace Indiana (City or town) _____ (State or foreign country) _____

20. Exact Occupation Housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____

(First name)

(Last name)

who is related as _____

(Mother, etc.)

25. Attendant's OWN signature _____

M.D. _____ Address _____
Midwife _____

Date _____

State of Oregon } ss.
County of Clatsop

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, (Mother, etc.) above, that I am now 65 years of age, that I have known this person for 48 years, and that _____, who attended this birth deceased I further

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Milton M. Gilman Signature
P.O. Box Milwaukie P.O. Address

Subscribed and sworn to before me this _____ day of _____, 1944

(SEAL)

NOTARY PUBLIC FOR OREGON

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Expires June 2, 1947

Received for filing on _____ by Mabel P. Elder Registrar.

APR 18 1944

APR 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-120-029-249

38865

388652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City P.O. Coe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Farm House
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 17 years 8 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City P.O. Coe
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

4. **FULL NAME OF CHILD** Ivan Marino Davis

5. Date of Birth of Child
(Month, day, year) Sep. 20, 1890

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Charren Davis
11. Color or Race White 12. Age at time of THIS birth 20 yrs.
13. Birthplace Anderson Calif.
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lula Mittie Burden
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Sheldon Oregon
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Do not know
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho
County of Shoshone Twin Falls

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 69 years of age, that I have known this person for 48 years, and that
Her (First name) Dix (Last name), who attended this birth Is now deceased I further
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Lula Mittie (Davis) Bonner Signature
Fairfield Idaho P.O. Address

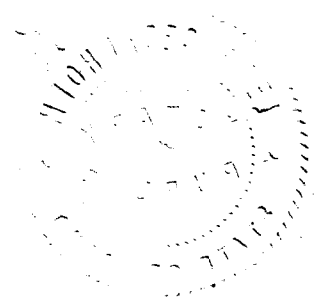
Subscribed and sworn to before me this 10th day of April, 1941
(SEAL) Leah Cedarholm Notary Public, residing at Twin Falls Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1944 by Mabel Elder Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



217-2291028-314
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

388732
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Boonville</u> (b) City <u>Markham</u> (c) Street Address or R.F.D. No. <u>-</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mothers stay BEFORE delivery: In THIS county <u>3</u> years <u>7</u> months <u>days</u>		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boonville</u> (c) City <u>Markham</u> (d) Street Address or R.F.D. No. <u>-</u> (e) How long has MOTHER lived in Idaho? <u>3 1/2</u> yrs.	
4. FULL NAME OF CHILD <u>Ruby Sage</u> 7. Twin or Triplet <u>-</u> If so—born 1st, 2nd, 3rd <u>-</u>		5. Date of Birth of Child (Month, day, year) <u>June 29, 1895</u>	
6. Sex <u>female</u>		8. No. months of Pregnancy <u>9</u>	
FATHER OF CHILD 10. FULL NAME <u>Reuben Jackson Sage</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>33</u> yrs. 13. Birthplace <u>Green Bay Wisconsin</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Contractor</u> 15. Industry or Business <u>lumber</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Miriam Marilda Cunniff</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>29</u> yrs. 19. Birthplace <u>Coopersville Mich.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>-</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>-</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's
OWN signature Idaho **M.D.** **Address** **Date**
Comer Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the.....
above, that I am now 72 years of age, that I have known this person for 49 years, and that
Mary Grace who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mrs. Andrew Christenson Signature
Sandpoint Idaho P. O. Address

Subscribed and sworn to before me this 15th day of April, 1944.
(SEAL) Heimer Notary Public, residing at Sandpoint, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1944 by Mabel Helder Registrar.

APR 24 1947

NOV 30 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

958-219.075-958

388861

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Grangeville</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mothers stay BEFORE delivery: In THIS county <u>5</u> years <u>7</u> months <u> </u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Grangeville</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>6</u> yrs.	
4. FULL NAME OF CHILD <u>Elsie Katie Zehner</u>		3. RESIDENCE OF FATHER (city, state) <u>Grangeville, Idaho</u>	

6. Sex <u>female</u>	7. Twin or Triplet <u> </u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	

10. FULL NAME <u>Benjamin Franklin Zehner</u>	16. FULL MAIDEN NAME <u>Missouri A. Zehner</u>
11. Color or Race <u>white</u>	17. Color or Race <u>white</u>
12. Age at time of THIS birth <u>33</u> yrs.	18. Age at time of THIS birth <u>31</u> yrs.
13. Birthplace <u>Lawrence County, Illinois</u> (City or town) (State or foreign country)	19. Birthplace <u>Benton County, Missouri</u> (City or town) (State or foreign country)
14. Exact Occupation <u>farming</u>	20. Exact Occupation <u>housewife</u>
15. Industry or Business <u> </u>	21. Industry or Business <u> </u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature **Midwife**

AFFIDAVIT

State of Idaho } ss.
County of Idaho }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 48 years, and that Rachel Lytle who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Missouri A. Zehner Signature
Grangeville, Idaho P.O. Address

Subscribed and sworn to before me this 24th day of April, 1944

(SEAL) J. E. L. L. L. Notary Public, residing at Grangeville, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1944 by Mabel Zehner Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

469 218 028-256

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **389017**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Kootenai** (b) City **DUDLEY**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **at own home**
(e) Mothers stay **BEFORE** delivery:
In **THIS** county **3** years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **IDAHO** (b) County **Kootenai**
(c) City **DUDLEY**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **3** yrs.

4. **FULL NAME OF CHILD** **JULIA MORRISON**
7. Twin or Triplet
6. Sex **FEMALE** If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) **JAN 18-1895**
8. No. months of Pregnancy **nine** 9. Legitimate? **yes**

FATHER OF CHILD
10. **FULL NAME** **PATRICK MORRISON**
11. Color or Race **white** 12. Age at time of THIS birth **39** yrs.
13. Birthplace **MICHIGAN** (City or town) (State or foreign country)
14. Exact Occupation **FARMER**
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** **MARY KNOWLES**
17. Color or Race **white** 18. Age at time of THIS birth **30** yrs.
19. Birthplace **IRELAND** (City or town) (State or foreign country)
20. Exact Occupation **house wife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child **SIX** (b) Born alive and now living **6**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of **Idaho** } ss.
County of **Kootenai**

I, the undersigned, being first duly sworn, say that I am the **SISTER** of the person whose name appears in Item 4, above, that I am now **55** years of age, that I have known this person for **49** years, and that **Mrs Monroe Locker** who attended this birth **Cannot be located** further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

Sister of the person whose name appears in Item 4, above, that I am now **55** years of age, that I have known this person for **49** years, and that **Mrs Monroe Locker** who attended this birth **Cannot be located** further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
Eva Smith Signature
Cataldo Idaho P. O. Address

Subscribed and sworn to before me this **12th** day of **March**, 19**44**
(SEAL) **L. O. Butler** Notary Public, residing at **Cataldo, Ida.**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAY 11 1944** by **Mary H. H. H.** Registrar.

MAY 17 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to record any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-127001-268

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **390178**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Box 1314 Jefferson St.
(d) Name of Hospital or Maternity Home: None.

(e) Mothers stay BEFORE delivery:
In THIS county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise

(d) Street Address or R.F.D. No. Box 1314 Jefferson St.

(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho.4. FULL NAME OF CHILD Raymond John Kennedy

5. Date of Birth of Child
(Month, day, year) April 27, 1895

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Russell Kennedy

11. Color White 12. Age at time of THIS birth 27 yrs.

13. Birthplace St. Elmo, Ontario, Canada
(City or town) (State or foreign country)

14. Exact Occupation Butcher

15. Industry or Business Meat Dealer

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Kohlhepp

17. Color White 18. Age at time of THIS birth 22 yrs.

19. Birthplace Oregon City, Oregon
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Do not know.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 7:00 P.M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Martha Kennedy McNary

(First name)

(Last name)

who is related as Mother

(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
above, that I am now 69 years of age, that I have known this person for 48 years, and that

Dr. George Haley, who attended this birth is now deceased. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

My Commission Expires May 17, 1947

Subscribed and sworn to before me this 24th day of May, 1944

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

JUN 1 1944

by

Martha H. McNary

Registrar.

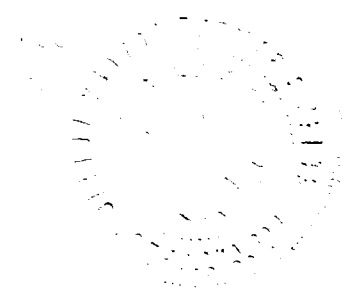
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

897-216 004-384

United States

Department of Commerce

Bureau of the Census

JUN 14 1944

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

390322

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bear Lake (b) City Paris

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bear Lake

(c) City Paris

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 65 yrs.

4. FULL NAME OF CHILD Marguerite Hix

5. Date of Birth of Child (Month, day, year) Jan. 16, 1895

6. Sex female If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Douglas Hix

11. Color white 12. Age at time of THIS birth 36 yrs.

13. Birthplace North Ogden, Utah (City or town) (State or foreign country)

14. Exact Occupation Attorney at Law

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Chugg

17. Color white 18. Age at time of THIS birth 28 yrs.

19. Birthplace Cordiff Wales (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Paris M. on the date Jan. 16, 1895 (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Joanne Chugg (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature Joanne Chugg M.D. Address Date

State of Idaho County of Fremont } ss. AFFIDAVIT (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 49 years, and that

Joanne Chugg (First name) (Last name) who attended this birth is now deceased I further (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 10 day of June, 1944 Signature George Hix P. O. Address Paris, Idaho

(SEAL) Notary Public, residing at Paris, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

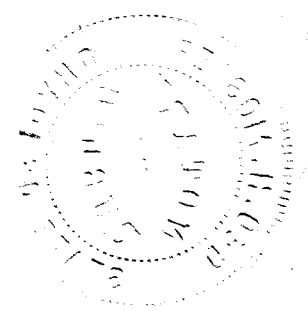
Received for filing on JUN 15 1944 by John Hix Registrar.

226018
91

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **391482**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bear Lake</u> (b) City <u>Paris</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bear Lake</u> (c) City <u>Paris</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>25</u> yrs.	
4. FULL NAME OF CHILD <u>Margaretta Taylor</u> 7. Twin or Triplet <u> </u> If so—born 1st, 2nd, 3rd <u> </u>		3. RESIDENCE OF FATHER (city, state) <u>Paris, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>April 15, 1895</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Arthur Taylor</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>Nottingham, England</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Carpenter</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Ann Price</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u> </u> yrs. 19. Birthplace <u>Paris, Bear Lake Co. Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>three</u> (b) Born alive and now living <u>three</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by
 (First name) (Last name)
 who is related as
 (Mother, etc.)

25. Attendant's
 OWN signature M.D. Address Date
 Midwife

AFFIDAVIT

State of IDAHO } ss.
 County of BEAR LAKE }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4,
 (Mother, etc.)
 above, that I am now 78 years of age, that I have known this person for 49 years, and that
Mrs. Dr. Gray, who attended this birth, is now deceased I further
 (First name) (Last name)
 state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
 1937 Session Laws.

Signature Arthur Taylor
 Paris, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of June, 1944.
 (SEAL) Notary Public, residing at Paris, Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 27 1944 by Mabel Elder, Registrar.

100-1108

JUN 2 9 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 197, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

469-229, 029-409
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)
CERTIFICATE OF BIRTH
STATE OF IDAHO

391516
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. <u>unknown</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay BEFORE delivery: <u>unknown</u> In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. <u>Unknown</u> (e) How long has MOTHER lived in Idaho? <u>deceased</u> yrs.	
4. FULL NAME OF CHILD <u>Coral Morgan</u>		5. Date of Birth of Child (Month, day, year) <u>1895-9-29</u>	
6. Sex <u>Female</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet <u>no</u>		9. Legitimate? <u>Yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Ralph Todd Morgan</u>		16. FULL MAIDEN NAME <u>Fila Amy Murphey</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>26</u> yrs.		18. Age at time of THIS birth <u>Unknown</u> yrs.	
13. Birthplace <u>Monmouth</u> (City or town)		19. Birthplace <u>Pittsfield</u> (City or town)	
14. Exact Occupation <u>Lawyer</u>		20. Exact Occupation <u>Teacher</u>	
15. Industry or Business <u>Law</u>		21. Industry or Business <u>Education</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Unknown</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature **M.D. Address Date**
Midwife

AFFIDAVIT

State of California } ss.
County of Los Angeles

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 50 years of age, that I have known this person for 48 years, and that Dr. Griffiths, who attended this birth is now deceased. I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Subscribed and sworn to before me this 1st day of July, 1944.
(SEAL) Annie B. Glenn Notary Public, residing at Alhambra
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My Commission Expires Mar. 13, 1948.)

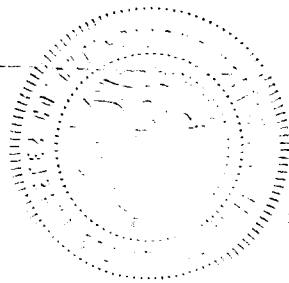
Received for filing on JUL 5 1944 by My Commission Expires Mar. 13, 1948. Registrar.

JUL 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

366-207-025-355

391537

391537

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mothers stay BEFORE delivery:
In THIS county 15 years 11 months 7 days

4. FULL NAME OF CHILD

Jessie Alma Cook

6. Sex Female 7. Twin or Triplet - If so—born 1st, 2nd, 3rd -

FATHER OF CHILD

10. FULL NAME Joseph Benton Cook
11. Color or Race White 12. Age at time of THIS birth 50 yrs.
13. Birthplace Calhoun Co. Michigan
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state)

Grangeville Idaho

5. Date of Birth of Child
(Month, day, year) July 7, 1895

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Ellen Leeper
17. Color or Race White 18. Age at time of THIS birth 46 yrs.
19. Birthplace Guernsey Co. Ohio
(City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Washington } ss.
County of Asotin

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 66 years of age, that I have known this person for 50 years, and that
Dr. Nickel who attended this birth is now dead I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

X Annie Humphrey Signature
318 Maple Clarkston, Wash. P. O. Address

Subscribed and sworn to before me this 12 day of July, 1944
(SEAL) Burt C. Valsey Notary Public, residing at Clarkston, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

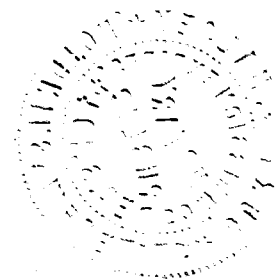
Received for filing on JUL 14 1944 by Mary Holder Registrar.

JUL 15 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

122-22504-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **392864**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mothers stay **BEFORE** delivery:
In **THIS** county 2 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 2 yrs.

4. FULL NAME OF CHILD

Edna Annette Askey

5. Date of Birth of Child
(Month, day, year) Nov. 25, 1895

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ellis Askey

11. Color or Race White 12. Age at time of THIS birth 23 yrs.

13. Birthplace Pennsylvania
(City or town) (State or foreign country)

14. Exact Occupation Proprietor Newsstand

15. Industry or Business Proprietor Newsstand

MOTHER OF CHILD

16. FULL MAIDEN NAME Lettie Paulina Mallory

17. Color or Race White 18. Age at time of THIS birth 24 yrs.

19. Birthplace Tomah, Wisconsin
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Canyon }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 73 years of age, that I have known this person for 48 years, and that

Dr. Albert Scham who attended this birth is now deceased further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Subscribed and sworn to before me this 28 day of July, 1944

(SEAL)

Chas Groover Notary Public, residing at Caldwell Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

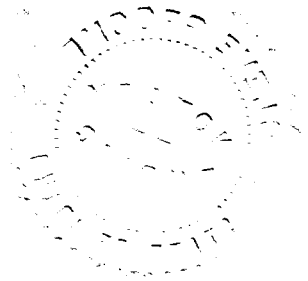
Received for filing on JUL 28 1944 by Mabel H. H. H. Registrar.

JUL 2 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

434 131 007 459

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

392912

State File No. 392912

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Ketchum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Ketchum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

4. **FULL NAME OF CHILD** John Francis McMahon

5. Date of Birth of Child
(Month, day, year) March 31, 1895

6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Patrick Henry McMahon
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Anamosa Iowa
(City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business General Store & Post Office

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Derham
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Hollidaysburg Penn.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date
Midwife

AFFIDAVIT

State of } ss.
County of }
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now fifty-nine years of age, that I have known this person for forty-nine years, and that
Dr. M. J. Brown who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.
Agnes Derham Harrison Signature
Boise Idaho P. O. Address
Subscribed and sworn to before me this 23 day of August, 1944
(SEAL) Pauline Anderson Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug. 23-1944 by Mabel Helder Registrar.

AUG 23 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

254 202 028-254

392959

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County..... (b) City **Hope**
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County.....
(c) City **Hope**
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?..... yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** **Ellen Almira Semmen**

5. Date of Birth of Child **Mar. 2, 1895**
(Month, day, year)

6. Sex **Female**

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9**

9. Legitimate? **Yes**

- FATHER OF CHILD**
10. **FULL NAME** **Andrew Semmen**
11. Color or Race **White**
12. Age at time of THIS birth **34** yrs.
13. Birthplace **Filmore County, Minn.**
(City or town) (State or foreign country)
14. Exact Occupation **Plumber**
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** **Ida Caroline Semmen**
17. Color or Race **White**
18. Age at time of THIS birth **28** yrs.
19. Birthplace **Jonkoping Sweden**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child **Four** (b) Born alive and now living **Seven**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's **OWN** signature **Wash** M.D. Address Date
Midwife

State of.....
County of **Shaw Harbor** ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **sister** of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now **54** years of age, that I have known this person for **49** years, and that

....., who attended this birth..... I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Subscribed and sworn to before me this..... day of **July** 1944
Mrs. Ossi Heikel Signature
204 K St. Hoquiam, O. Address
Wash

(SEAL) **Notary Public**, residing at **Hoquiam**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

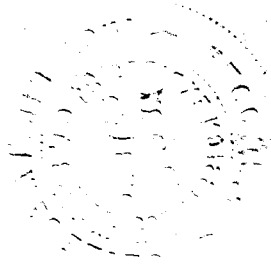
Received for filing on **JUL 31 1944** by **Mabel Elder**, Registrar.

1944 AUG 3

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



394320

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Boise (b) City Sweet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 15 years 6 months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Sweet
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? most of life yrs.
3. **RESIDENCE OF FATHER** (city, state) 40 yrs

4. **FULL NAME OF CHILD** Bertha Alice Dill
5. Date of Birth of Child (Month, day, year) Nov. 2, 1895
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Jeremiah Mylain Dill
11. Color or Race White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Columbus Ohio (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Waltha Jane Cherry
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Richmond Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child six (b) Born alive and now living six

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

- State of Idaho } ss.
County of my call

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 52 years of age, that I have known this person for Her life time years, and that
Frances E. Howe who attended this birth Deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Frances E. Howe Signature
my call Idaho P.O. Address

Subscribed and sworn to before me this 16 day of August, 1944.
(SEAL) Herman H. White Notary Public, residing at my call Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 21 1944 by Mary H. Elder Registrar.

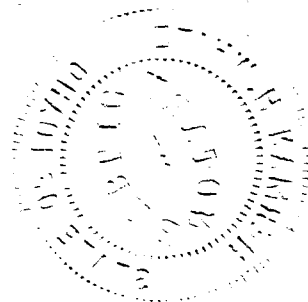
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693-213-003-815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **394356**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **BANNOCK** (b) City **POCATELLO**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mothers stay **BEFORE** delivery:
In **THIS** county **one** years **five** months **five** days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **IDAHO** (b) County **BANNOCK**
(c) City **POCATELLO**
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? **FIVE** yrs.

3. RESIDENCE OF FATHER (city, state) **POCATELLO, IDAHO**

4. FULL NAME OF CHILD **VERNA MAE WILSON**

5. Date of Birth of Child
(Month, day, year) **MAY 13 1895**

6. Sex **FEMALE** 7. Twin or Triplet
If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **NINE** 9. Legitimate? **YES**

FATHER OF CHILD

10. FULL NAME **GEORGE WILSON**
11. Color or Race **WHITE** 12. Age at time of THIS birth **48** yrs.
13. Birthplace **BUFFALO NEW YORK**
(City or town) (State or foreign country)
14. Exact Occupation **BRAKEMAN**
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **NORA DELL HANCOCK**
17. Color or Race **WHITE** 18. Age at time of THIS birth **21** yrs.
19. Birthplace **HILLSDALE MICHIGAN**
(City or town) (State or foreign country)
20. Exact Occupation **none**
21. Industry or Business **none**

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child **one** (b) Born alive and now living **3**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of **Ohio** } ss.
County of **Madison**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now **71** years of age, that I have known this person for **48** years, and that
Armatrong who attended this birth **deceased** I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mrs. Nora E. Ellis Signature

Manfield Ohio P. O. Address

Subscribed and sworn to before me this **31** day of **July**, 19**44**

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

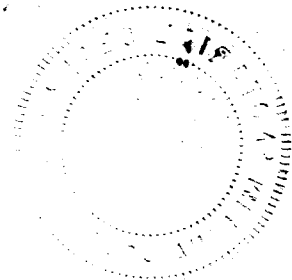
Received for filing on **AUG 30 1944** by **Malcolm H. Elder** Registrar.

AUG 3 1 1911

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **394437**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home residence
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 11 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
3. **RESIDENCE OF FATHER** (city, state) Southwick, Idaho

4. **FULL NAME OF CHILD** LEONA MERMOD
5. Date of Birth of Child (Month, day, year) October 3, 1995

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Edward Daily Utter</u>	16. FULL MAIDEN NAME <u>Minnie King</u>	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>23</u> yrs.
11. Birthplace <u>Williamsburg Iowa</u> (City or town) (State or foreign country)	19. Birthplace <u>Williamsburg Iowa</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Carpenter and farmer</u>	21. Exact Occupation <u>Housewife</u>
12. Age at time of THIS birth <u>31</u> yrs.		22. Industry or Business <u>"</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's **OWN** signature.....M.D. Address Date
Midwife

State of Idaho } ss.
County of Latah

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 64 years of age, that I have known this person for always years, and that
Dr. Watts who attended this birth deceased
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mrs Estella Leith Signature

Kendrick, Idaho. P. O. Address

Subscribed and sworn to before me this 31st day of August, 19 44.

(SEAL)

[Signature] Notary Public, residing at Kendrick
(Note: Perjury is punishable as a felony in Idaho; see sec 17-914, Idaho Code Annotated.)

Received for filing on SEP 9 1944 by [Signature] Registrar.

RECEIVED

SEP 12 1944

JUL 19 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-117-229-249
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **395592**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Latah** (b) City **Kendrick (near)**
(c) ~~Street Address~~ or R.F.D. No. **none then**
(d) Name of Hospital or Maternity Home **none on homestead (farm)**
(e) Mothers stay **BEFORE** delivery:
In **THIS** county **two** years - months **5** days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **IDAHO** (b) County **Latah**
(c) City **Near Kendrick**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **three** yrs.

3. **RESIDENCE OF FATHER** (city, state) **Latah Co. Idaho**
5. Date of Birth of Child **Nov. 17 1895**
(Month, day, year)

4. **FULL NAME OF CHILD** **Howard G. Rich**
6. Sex **male** 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy **9** 9. Legitimate? **yes**

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|-------------------------------|--|-------------------------------|--|
| 10. FULL NAME | William H. Rich | 16. FULL MAIDEN NAME | Mary E. Burton |
| 11. Color or Race | White | 17. Color or Race | White |
| 12. Age at time of THIS birth | 39 yrs. | 18. Age at time of THIS birth | 32 yrs. |
| 13. Birthplace | Magnolia, Putnam Co., Illinois
(City or town) (State or foreign country) | 19. Birthplace | Summer coat, Derbyshire, England
(City or town) (State or foreign country) |
| 14. Exact Occupation | Homesteader-farmer | 20. Exact Occupation | mother-housewife |
| 15. Industry or Business | | 21. Industry or Business | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum **none**
23. Number of children of this mother: (a) At time of birth and including this child **seventh** (b) Born alive and now living **Eight**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by **Mary E. Burton Rich**
who is related as **mother** (Mother, etc.) **none** M.D. Address Date
25. Attendant's **OWN** signature **deceased** Midwife

- State of **Nebraska** } ss.
County of **Red Willow** }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

- I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4,
above, that I am now **eighty-one** years of age, that I have known this person for **48** years, and that
Mrs. Kate Burk (First name) (Last name) who attended this birth **is deceased** I further
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

- Subscribed and sworn to before me this **9th** day of **September**, 19 **44**.
(SEAL) **Mary E. Rich** Signature
No. **2** Lines in St. Denver, **9**, Colorado Address
(Note: Perjury is punishable as a felony in Idaho; see 17-914, Idaho Code Annotated.)
Received for filing on by **McCook** Registrar.

SEP 15 1944

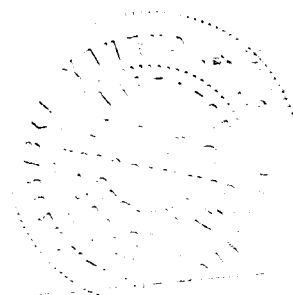
JUN 4 1975

SEP 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **395681**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **NEZ PERCE** (b) City **LEWISTON**
(c) Street Address or R.F.D. No. **MAIN ST.**
(d) Name of Hospital or Maternity Home:
Private house
(e) Mother's stay **BEFORE** delivery:
IN THIS county **2** years **5** months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **NEZ PERCE**
(c) City **Lewiston**
(d) Street Address or R.F.D. No. **Main St**
(e) How long has **MOTHER** lived in Idaho? **Two** yrs

4. **FULL NAME OF CHILD** **ROSE HOLLAND**
6. Sex **Female** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) **Lewiston**
5. Date of Birth of Child **April 27**
(Month, day, year) **1895**
8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD
10. **FULL NAME** **William Algin Holland**
11. Color **white** 12. Age at time of THIS birth **26** yrs.
13. Birthplace **Shafter West Virginia**
(City or town) (State or foreign country)
14. Exact Occupation **Laborer-Prospector**
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** **Margaret Vanessa Lipps**
17. Color **white** 18. Age at time of THIS birth **24** yrs.
19. Birthplace **Louisville Kentucky**
(City or town) (State or foreign country)
20. Exact Occupation **House wife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. **Do not remember**
23. Number of children of this mother: (a) At time of birth and including this child **one** (b) Born alive and now living **yes**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of **California** County of **San Francisco** } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Uncle** of the person whose name appears in Item 4, above, that I am now **79** years of age, that I have known this person for **49** years, and that **Dr. John Matten** who attended this birth **is now deceased**. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Lipps Signature
89 Broadway St San Francisco Calif P. O. Address

Subscribed and sworn to before me this **5th** day of **June**, 19**44**
(SEAL) **William Rafferty** Notary Public, residing at **2860 Pierce St**
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated) **San Francisco, Calif**

Received for filing on **MY COMMISSION EXPIRES** by **May 1944** Registrar.
OCT 5 - 1944 27, 1947

101 9 100

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

849-103029-256
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

396849
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>None: at my home</u> (e) Mothers stay BEFORE delivery: In <u>THIS</u> county <u>five</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>5</u> yrs.	
4. FULL NAME OF CHILD <u>Henry Elliott Quimby</u>		5. Date of Birth of Child <u>Dec. 3, 1895</u> (Month, day, year)	
6 Sex <u>Male</u>	7. Twin or Triplet <u>-</u> If so—born <u>1st, 2nd, 3rd</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Hiram Henry Quimby</u>		16. FULL MAIDEN NAME <u>Nina Susannah Knowles</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>39</u> yrs.		18. Age at time of THIS birth <u>34</u> yrs.	
13. Birthplace <u>Marietta Ohio</u> (City or town) (State or foreign country)		19. Birthplace <u>Angela Indiana</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Farmer</u>		21. Industry or Business <u>Farmer</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 5 A M. on the date Oct. 19, 1944 and at the place stated above, and that personal particulars were furnished by Nina Susannah Quimby who is related as mother (Mother, etc.)

25. Attendant's OWN signature Gertie Moore **M.D. Address** 343 South Second St **Date** Oct. 19, 1944
Midwife Cottage Grove, Oregon

State of Oregon } ss. (To be completed when the attendant does not sign in Item 25.)
County of Latah }

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 48 years, and that Gertie Moore who attended this birth (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nina Susannah Quimby Signature
343 South Second St P. O. Address
Cottage Grove, Oregon
Subscribed and sworn to before me this 19th day of October, 1944
(SEAL) _____, Notary Public, residing at Cottage Grove, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 2-914, Idaho Code Annotated.)
Received for filing on OCT 24 1944 by Mabel Helder, Registrar

Oct 2 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

393-128 023-212

398102

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

4. FULL NAME OF CHILD

Clinto Basye Titus

5. Date of Birth of Child
(Month, day, year) Nov. 28, 1895

6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Harry W. Titus
11. Color or Race white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Keokuk, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Bell Basye
17. Color or Race white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Emmett Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Gem. }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 71 years of age, that I have known this person for 48 years, and that
Mrs. Hattie Oaks who attended this birth is now deceased I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Cora Bell (Basye) Titus Signature
Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of November, 1944.

(SEAL)

C. J. Higer Notary Public, residing at Emmett, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 22 1944 by Mabel Helder Registrar.

201-25

NOV 22 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

447-213003-533

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398109
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
 - (a) County Bannock
 - (b) City Pocatello
 - (c) Street Address or R.F.D. No. Wye W. of R.R. Tracks
 - (d) Name of Hospital or Maternity Home:
 - (e) Mothers stay **BEFORE** delivery:
In **THIS** county 3 years - months - days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 - (a) State Idaho
 - (b) County Bannock
 - (c) City Pocatello
 - (d) Street Address or R.F.D. No. Wye W. of R.R. Tracks
 - (e) How long has **MOTHER** lived in Idaho? 3 yrs.
3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho
4. **FULL NAME OF CHILD** Elizabeth Maude Dugard
5. **Date of Birth of Child** (Month, day, year) September 13, 1895
6. **Sex** Female
7. **Twin or Triplet** No
8. **No. months of Pregnancy** 9
9. **Legitimate?** Yes

FATHER OF CHILD

10. **FULL NAME** Walter Dugard
11. **Color or Race** White
12. **Age at time of THIS birth** 27 yrs.
13. **Birthplace** London, England
(City or town) (State or foreign country)
14. **Exact Occupation** Mechanic
15. **Industry or Business** Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Florence Ellis
17. **Color or Race** White
18. **Age at time of THIS birth** 25 yrs.
19. **Birthplace** London, England
(City or town) (State or foreign country)
20. **Exact Occupation** Housewife
21. **Industry or Business** - - - -

22. **Name prophylactic used to prevent Ophthalmia Neonatorum**
23. **Number of children of this mother:** (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. **Attendant's OWN signature** **M.D. Address** **Date**
Midwife

State of Idaho } ss.
County of Bannock }

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the cousin (To be completed when the attendant does not sign in Item 25.)
(Mother, etc.) of the person whose name appears
in Item 4, above, that I am now 66 years of age, that I have known this person for 49 years, and that
Mrs. Agnes MacMillan who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 26th day of October, 1944.
(SEAL) M. J. Palmer Signature
923 W. Center St., Pocatello, Idaho P. O. Address
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
M. J. Palmer Notary Public, residing at Pocatello, Idaho

Received for filing on NOV 22 1944 by M. J. Palmer Registrar

APR 5 1951

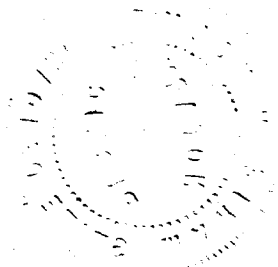
NOV 8 8 1944

NOV 2 2 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

914 227 001-366

398300

525300

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>3 mi. SE of City</u> (d) Name of Hospital or Maternity Home: <u>Born at Family home</u> (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>3 mi. SE of City</u> (e) How long has MOTHER lived in Idaho? <u>3</u> yrs.	
4. FULL NAME OF CHILD <u>Catherine Irene Hammack</u>		5. Date of Birth of Child (Month, day, year) <u>April 27, 1895</u>	
6. Sex <u>Female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy _____	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John Thomas Hammack</u>		14. FULL MAIDEN NAME <u>Amber Mable Coolery</u>	
11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>35</u> yrs.		17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>27</u> yrs.	
13. Birthplace <u>Greenville Texas</u> (City or town) (State or foreign country)		19. Birthplace <u>Edgewood Illinois</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Idaho } ss. **AFFIDAVIT**
County of Ada } (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4. above, that I am now 56 years of age, that I have known this person for life years, and that Dr. L. C. Bowers who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 5 day of January 1945
(SEAL) Pauline Aubrey Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 7/5/45 by Mary W. Suttell, Registrar

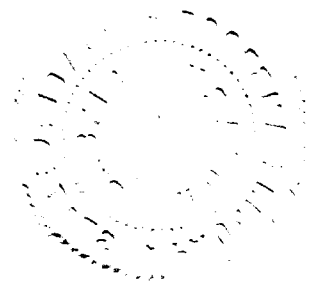
006806

JAN 5 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

219 2140 30-275
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 20 1944

CERTIFICATE OF BIRTH
STATE OF IDAHO

399456
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Lemhi</u> (b) City <u>Gibbonsville</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lemhi</u> (c) City <u>Gibbonsville</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>65</u> yrs.
--	--	--

4. FULL NAME OF CHILD <u>Boulah Tennessee Barber</u> 7. Twin or _____ If so—born 1st, 2nd, 3rd _____	5. Date of Birth of Child <u>Nov. 15-1895</u> (Month, day, year) _____
6. Sex <u>Female</u> Triplet	8. No. months of Pregnancy _____ 9. Legitimate? _____

FATHER OF CHILD 10. FULL NAME <u>Thomas Jefferson Barber.</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>39</u> yrs. 13. Birthplace <u>Nashville Tennessee</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Anna Sperry.</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>Rough & Reddy California</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House-wife</u> 21. Industry or Business _____	
--	--	--	--

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____

State of Montana }
County of Silver Bow } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 49 years, and that James Mac Nevin, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James A. Barber Signature

223 South Main St., Butte, Mont. P. O. Address

Subscribed and sworn to before me this 18th day of December, 1944

(SEAL)

Notary Public, residing at Butte, Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 21 1944 by Marie H. H. H. Registrar.

DEC 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

265-103,235-466

400764

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>NEZ PERCE</u> (b) City <u>LEWISTON</u> (c) Street Address or R.F.D. No. <u>ADAMS LANE</u> (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>2</u> years <u>4</u> months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>NEZ PERCE</u> (c) City <u>LEWISTON</u> (d) Street Address or R.F.D. No. <u>ADAMS LANE</u> (e) How long has MOTHER lived in Idaho? <u>2 1/2</u> yrs.	
4. FULL NAME OF CHILD <u>LEON MOORE SWEET</u>		5. Date of Birth of Child (Month, day, year) <u>DEC. 3-1895</u>	
6 Sex <u>MALE</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy _____	9. Legitimate? <u>YES</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>AUGUSTUS CONVERSE SWEET</u>		16. FULL MAIDEN NAME <u>LAURA BELINDA MOORE</u>	
11. Color or Race <u>WHITE</u>		17. Color or Race <u>WHITE</u>	
12. Age at time of THIS birth <u>53</u> yrs.		18. Age at time of THIS birth <u>38</u> yrs.	
13. Birthplace <u>PAWTUCKET RHODE ISLAND</u> (City or town) (State or foreign country)		19. Birthplace <u>LINN CO., OREGON</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>LAWYER</u>		20. Exact Occupation <u>HOUSEWIFE</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of CALIFORNIA } ss.
County of LOS ANGELES }

I, the undersigned, being first duly sworn, say that I am the BROTHER of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 49 years, and that DR JOHN B MORRIS, who attended this birth, DECEASED I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

Adrian R Sweet Signature
1919 MANZANAR AVE. RIVERA, CALIF P. O. Address

Subscribed and sworn to before me this 3rd day of JANUARY, 1945
(SEAL) M. Harvey Notary Public, residing at Frontier, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 17 1945 by Mabel Helder Registrar

JAN 10 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

815-220-008-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 400816
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Boise (b) City Horse Shoe Bend
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Horse Shoe Bend
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
3. **RESIDENCE OF FATHER** (city, state) Same
4. **FULL NAME OF CHILD** Mary Mannie Elizabeth Hannifin
5. **Date of Birth of Child** (Month, day, year) July 20-1895
6. Sex F
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Jeremiah Hannifin
11. Color or Race W
12. Age at time of THIS birth 36 yrs.
13. Birthplace Boston Mass.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Mary Collins
17. Color or Race W
18. Age at time of THIS birth 28 yrs.
19. Birthplace Pittsburg Penns.
(City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 11:50 P. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mary Hannifin
(First name) (Last name)
who is related as Mother
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho ss.
County of Ada

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 76 years of age, that I have known this person for Forty Nine years, and that
Mrs Webster who attended this birth deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Mary Hannifin Signature
P. O. Address
Subscribed and sworn to before me this 24 day of January 1946
(SEAL) Charles Ambrose Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan. 24-1946 by Mabel G. Elder, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

400927

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** George Edgar McKibben
5. **Date of Birth of Child** (Month, day, year) Dec. 14, 1895
6. **Sex** Male 7. **Twin or Triplet** Triplet If so—born 1st, 2nd, 3rd
8. **No. months of Pregnancy** 9 9. **Legitimate?** Yes

FATHER OF CHILD
10. **FULL NAME** William Lewis McKibben
11. **Color or Race** White 12. **Age at time of THIS birth** 34 yrs.
Iowa
13. **Birthplace** (City or town) (State or foreign country)
14. **Exact Occupation** Carpenter
15. **Industry or Business**

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Turner
17. **Color or Race** White 18. **Age at time of THIS birth** 27 yrs.
Armada, Mich.
19. **Birthplace** (City or town) (State or foreign country)
20. **Exact Occupation** Housewife
21. **Industry or Business**

22. **Name prophylactic used to prevent Ophthalmia Neonatorum**

23. **Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. **Attendant's OWN signature** **M.D. Address** **Date**
Midwife

State of Idaho } ss. **AFFIDAVIT**
County of Kootenai (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 74 years of age, that I have known this person for 49 years, and that
Unknown who attended this birth deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

OK G. Turner Signature
Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of January, 1945.
(SEAL) M. E. Henderson Notary Public, residing at Coeur d'Alene
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1945 by Mary F. Bledsoe, Registrar

1945 FEB 2

DELAYED REGISTRATION LAW

—(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

553-120-010-155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **401041**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County (b) City Idaho Falls
(c) Street Address or R.F.D. No. C. V. Hanson's home
(d) Name of Hospital or Maternity Home:
a home or private dwelling
(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years 3 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County
(c) City Idaho Falls
(d) Street Address or R.F.D. No. C. V. Hanson's home
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD John Gardner Nelson

5. Date of Birth of Child

(Month, day, year) 6-20-1895

6. Sex Male **7. Twin or Triplet** **If so—born**
1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Pedar Gardner Nelson
11. Color or Race White **12. Age at time of THIS birth** 30 yrs.
13. Birthplace Julland (State) in Denmark
(City or town) (State or foreign country)
14. Exact Occupation Baker
15. Industry or Business Bakery

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Christine Jensen
17. Color or Race White **18. Age at time of THIS birth** 30 yrs.
19. Birthplace Forsled (Aarhus) Denmark
(City or town) (State or foreign country)
20. Exact Occupation House Work
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place ~~stated~~ above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Montana
County of Beaverhead } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person since birth and that the midwife (name unknown) who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Christine Jensen (Nelson) Signature
R.F.D. #12-Box 78, Dillon, Montana P. O. Address

Subscribed and sworn to before me this 14th day of February, 1945

(SEAL)

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1945 by [Signature] Registrar.

120114
FEB 22 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

762-124029-285

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **402100**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Idaho (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN THIS county 8 years month days

4. FULL NAME
OF CHILD

Horner Edgar Post

6. Sex male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Edwin Hammond Post

11. Color white 12. Age at time of THIS birth 52 yrs.

13. Birthplace Harry County, Ohio
(City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Moscow

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 8 yrs.

(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state) Deceased

5. Date of Birth (Month, day year) May 24, 1895

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Ann Shural

17. Color white 18. Age at time of THIS birth 39 yrs.

19. Birthplace Fayetteville, Arkansas
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)

26. (a) FEB 22 1945 (b) W. C. Couch
(Date received) (Registrar's signature)

25. Attendant's OWN signature M.D.
(D.O., Midwife, etc.)
and address Date

27. Given name added on by
(Registrar's signature)

State of Idaho } ss.
County of Idaho

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED

I, W. C. Couch, being first duly sworn, say that I am Half-brother
Horner Edgar Post as Half-brother
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Dr. Worthington, who attended
said birth Deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

W. C. Couch Signature
Coverdale, Idaho P. O. Address

Subscribed and sworn to before me on this 17 day of February, 1945
(SEAL) John H. T. Cooke Notary Public, residing at Cabbonwood
Idaho

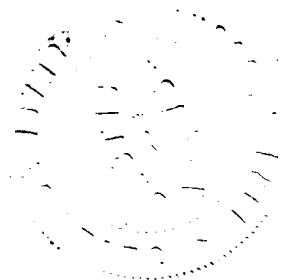
001504

FEB 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

741-264-044-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 403416
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County _____ (b) City <u>Council</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>No</u> (e) Mothers stay BEFORE delivery: In THIS county <u>19</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County _____ (c) City <u>Council</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>19</u> yrs.	
3. RESIDENCE OF FATHER (city, state) <u>Idaho</u>		4. FULL NAME OF CHILD <u>Nancy Helen Guarnett</u>	

5. Date of Birth of Child (Month, day, year) <u>April 14, 1895</u>			
6 Sex <u>Female</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>

FATHER OF CHILD

10. FULL NAME <u>Louis Martin Guarnett</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>25</u> yrs.
13. Birthplace <u>Coffeyville</u> <u>Kansas</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>	
15. Industry or Business <u>Agriculture</u>	

MOTHER OF CHILD

16. FULL MAIDEN NAME <u>Olive Mae Anderson</u>	
17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>19</u> yrs.
19. Birthplace <u>Council</u> , <u>Idaho</u> (City or town) (State or foreign country)	
20. Exact Occupation <u>Housewife</u>	
21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>Alive</u> at <u>6 A.M.</u> on the date _____ (Born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by <u>Aaron Anderson</u> (First name) (Last name) who is related as <u>Cousin</u> (Mother, etc.)	
25. Attendant's OWN signature _____	M.D. Address _____ Midwife _____
Date _____	

State of <u>Arkansas</u>	ss.	AFFIDAVIT (To be completed when the attendant does not sign in Item 25.)
County of _____		
I, the undersigned, being first duly sworn, say that I am the <u>Cousin</u> of the person whose name appears (Mother, etc.) in Item 4, above, that I am now <u>60</u> years of age, that I have known this person for <u>49</u> years, and that <u>Olive Mae Guarnett</u> who attended this birth <u>Is now deceased</u> further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.		

<u>Cassius Cordenson</u> Signature	
<u>Council, Idaho</u> P. O. Address	
Subscribed and sworn to before me this <u>20th</u> day of <u>March</u> 19 <u>45</u>	
(SEAL) <u>A. C. Carr</u> Notary Public, residing at <u>Council</u>	
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	

Received for filing on <u>MAR 23 1945</u>	by <u>Mal Helder</u> Registrar
---	--------------------------------

MAR 23 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent to such date~~, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

533-219 036-761
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

403478
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County _____ (b) City _____ (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Franklin</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>21</u> yrs.	
4. FULL NAME OF CHILD <u>Maud Alene Ellsworth</u>		5. Date of Birth of Child (Month, day, year) <u>19 Dec 1895</u>	
6. Sex <u>female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Philo Ellsworth</u>		16. FULL MAIDEN NAME <u>Matilda Ann Goasline</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>31</u> yrs.		18. Age at time of THIS birth <u>21</u> yrs.	
13. Birthplace <u>Franklin, Idaho</u> (City or town) (State or foreign country)		19. Birthplace <u>Franklin, Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farming</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>yes</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** dead **Date** _____

State of Utah } ss. **AFFIDAVIT**
County of Sanpete }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 50 years, and that Ellen Morgan (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matilda Ann Goasline Signature
Manti, Utah P. O. Address
Subscribed and sworn to before me this 4/10th day of March, 1945
(SEAL) C. H. Beal Notary Public, residing at Manti, Ut.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annot. ed.) com exp Apr. 19, 1946.
Received for filing on APR - 9 1945 by Maud Ellsworth, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

243-124028-313

403506

403506

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Cataldo
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County _____
(c) City Cataldo
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? _____ yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** William Butler 5. Date of Birth of Child (Month, day, year) Jan. 24, 1895

6 Sex Male 7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd 8. No. months of Pregnancy _____ 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Edward Butler
11. Color or Race white 12. Age at time of THIS birth 40 yrs.
13. Birthplace Muskegon, Michigan
(City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business _____
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Katherine Callahan
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Peterborough, Canada
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (Born alive, stillborn) (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Montana } ss.
County of Silver Bow }

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am ~~an~~ A friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for Forty years, and that Do not know who attended at birth, who attended this birth _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 2nd day of April, 1945

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code) _____ Notary Public, residing at _____, State of _____
Residing at Butte, Montana

Received for filing on APR 9 1945 by Mary McInally My Commission Expires Oct 30 47, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

559-225040-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **404563**
Local Reg. No. **404563**
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Stake (b) City Wallace
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Wallace (b) County Cassia
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

4. **FULL NAME OF CHILD** Beatrice Inez Neill
5. **Date of Birth of Child** June 25, 1895
(Month, day, year)
6. Sex Female 7. Twin or Triplet Also-born 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Edward Bain Neill
11. Color White 12. Age at time of THIS birth 24 yrs.
13. Birthplace New Armagh P.Q. Canada
(City or town) (State or foreign country)
14. Exact Occupation _____
15. Industry or Business Farmer

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Hennetta Ribera Macchell
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace St. Sylvester Bro. Que. Canada
(City or town) (State or foreign country)
20. Exact Occupation _____
21. Industry or Business Farmer

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife _____

State of _____ } ss.
County of _____ }

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further

(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 10th day of April, 1945
Stella P. Powers Notary Public, residing at Waterford, Wt.
My commission expires Nov. 10, 1947 as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by Stella P. Powers, Registrar

APR 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

296-204014-866

404642

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **404642**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. Emmett, Idaho.
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 3 years 0 months 0 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 51 yrs.
3. **RESIDENCE OF FATHER** (city, state) Emmett

4. **FULL NAME OF CHILD** Iva Pearl Brookshire
5. Date of Birth of Child
(Month, day, year) July 4, 1895
- 6 Sex female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Christopher Brookshire
11. Color White 12. Age at time of THIS birth 51 yrs.
13. Birthplace Nashville, Tennessee
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Farmer and Freighter

- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Miriam Ophelia Howell
17. Color White 18. Age at time of THIS birth 44 yrs.
19. Birthplace Fayetteville, Arkansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nothing
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife _____

- State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Gem. }

- I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears (Mother, etc.)
in Item 4, above, that I am now 94 years of age, that I have known this person for 50 years, and that Dr. Clymer who attended this birth is now deceased. I further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Miriam Ophelia Brookshire Signature

Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of May, 1945

(SEAL)

J. P. Reed Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1945 by Mary Elder Registrar

MAY 7 1945

MAY 25 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

496-224022 369
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

404676
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>FREEMONT</u> (b) City <u>IDAHO</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>our own HOME</u> (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>FREEMONT</u> (c) City <u>MARYSVILLE</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? _____ yrs.	
4. FULL NAME OF CHILD <u>RACHEL FLAVILLA (FAYE) DROLLINGER</u>		5. Date of Birth of Child (Month, day, year) <u>DEC. 24-1895</u>	
6 Sex <u>FEMALE</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy _____	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>SIMEON COOK DROLLINGER</u>		14. FULL MAIDEN NAME <u>MARY EMALINE CORDINGLEY</u>	
11. Color or Race <u>WHITE</u>	12. Age at time of THIS birth <u>35</u> yrs.	17. Color or Race <u>WHITE</u>	18. Age at time of THIS birth <u>32</u> yrs.
13. Birthplace <u>Payson Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>Fountain Green Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>FARMER</u>		20. Exact Occupation <u>HOUSEWIFE</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Idaho **County of** Ada } ss. **AFFIDAVIT**
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Friend of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 50 years, and that Raymond Green who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

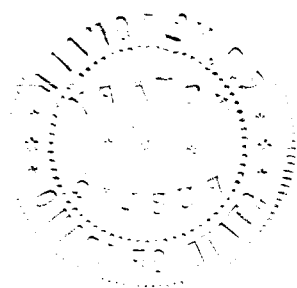
Subscribed and sworn to before me this 29 day of May, 1945
(SEAL) Edmond Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on MAY 31 1945 by Mary F. Alder, Registrar

JUN 1 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

699 211-039 265

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **404776**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 2 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** BIRDIE MAY FIRKINS
5. **Date of Birth of Child** (Month, day, year) 7-11-1895
6. **Sex** Female 7. **Twin or Triplet** Triplet If so—born 1st, 2nd, 3rd
8. **No. months of Pregnancy** 9 9. **Legitimate?** yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|--|--|
| 10. FULL NAME <u>Joseph F. Firkins</u> | 16. FULL MAIDEN NAME <u>Burnice May Sweeney</u> | 11. Color or Race <u>White</u> | 17. Color or Race <u>White</u> |
| 12. Age at time of THIS birth <u>37</u> yrs. | 18. Age at time of THIS birth <u>15</u> yrs. | 13. Birthplace <u>Utah</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Brigham City, Utah</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation <u>Farmer</u> | 20. Exact Occupation <u>Housewife</u> | 15. Industry or Business | 21. Industry or Business |

22. **Name prophylactic used to prevent Ophthalmia Neonatorum** _____
23. **Number of children of this mother:** (a) At time of birth and including this child 1 (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. **Attendant's OWN signature** _____ **M.D. Address** _____ **Date** _____
Midwife

- State of Washington } ss. **AFFIDAVIT**
County of Thurston }

- I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for life years, and that Ann Firkins who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

- _____
Signature

P. O. Address
- Subscribed and sworn to before me this 8th day of May, 19 45
(SEAL) Corinne Dillon Deputy Auditor, Thurston Co., Wash. Notary Public, residing at Olympia
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

- Received for filing on MAY 15 1945 by Malcolm Elder, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

318-208-007-289

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. **404813**
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Blaine</u> (b) City <u>Dalington</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>15</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Dalington</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>15</u> yrs.	
4. FULL NAME OF CHILD <u>Dollis Taylor</u>		5. Date of Birth of Child (Month, day, year) <u>June 8 - 1895</u>	
6 Sex <u>girl</u>	7. Twin or <u>Triplet</u> If so—born <u>1st, 2nd, 3rd</u>	8. No. months of Pregnancy	9. Legitimate?
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>David S Taylor</u>		16. FULL MAIDEN NAME <u>Rhoda S Shelds</u>	
11. Color or Race <u>W</u>		17. Color or Race <u>W</u>	
12. Age at time of THIS birth <u>38</u> yrs.		18. Age at time of THIS birth <u>34</u> yrs.	
13. Birthplace <u>Maricopa Co Ariz</u> (City or town) <u>Carolina</u> (State or foreign country)		19. Birthplace <u>Santa Barbara Calif</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Deceased</u>		20. Exact Occupation <u>now deceased</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

AFFIDAVIT

State of _____ } ss. (To be completed when the attendant does not sign in Item 25.)
County of _____ }
I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 58 years, and that Bernice J. Taylor (First name) (Last name), who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Josie Miller Signature
P. O. Address _____

Subscribed and sworn to before me this 16 day of May, 1945
(SEAL) _____, Notary Public, residing at Arco, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1945 by Mary Miller, Registrar

117403
MAY 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent to such date, such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

593-214-001-796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **405912**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County ADA (b) City STAR
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years 4 months 25 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** MARGARET LOUISE NICKELL

5. Date of Birth of Child FEBR. 14 1895
(Month, day, year)

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD
10. **FULL NAME** ROBERT LEE NICKELL
11. Color WHITE 12. Age at time of THIS birth 27 yrs.
13. Birthplace MONROE COUNTY, IOWA
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD
16. **FULL MAIDEN NAME** CARRY GROESBECK
17. Color WHITE 18. Age at time of THIS birth 23 yrs.
19. Birthplace BEDFORD, IOWA
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business OWN HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** M.D. Midwife Address Date

State of COLORADO } ss.
County of LINCOLN

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 27 years of age, that I have known this person for 50 years, and that (UNKNOWN) MRS. SHELTON who attended this birth IS NOW DECEASED I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert Lee Nickell Signature
GENOA, COLORADO P. O. Address

Subscribed and sworn to before me this 26th day of May, 1945
(SEAL) Carl P. Murray Notary Public, residing at LIMON, COLO.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated.)

Received for filing on MAY 31 1945 by Malv Heller, Registrar.

JUN 2 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

266-223-006-593

405938

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Residence
(e) Mothers stay BEFORE delivery:
In THIS county abt years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 4 yrs.

4. FULL NAME OF CHILD Myrtle Augusta Bowen

3. RESIDENCE OF FATHER (city, state) Idaho Falls
5. Date of Birth of Child (Month, day, year) Nov. 23-1895

6 Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Augustus Lavanough Bowen
11. Color White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Moundsville, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Common Laborer
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Fannie Elizabeth Fisher
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace McGregor, Iowa
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Oregon
County of Coos

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 49 years, and that Mrs. Cook who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires April 15, 1949.
Subscribed and sworn to before me this 24th day of May, 1945.
(SEAL) Fannie Elizabeth Bowen Signature
2441 Brussell, North Bend, Ore. Address

Notary Public, residing at North Bend, Oregon.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1945 by Mary Elder, Registrar

JUN

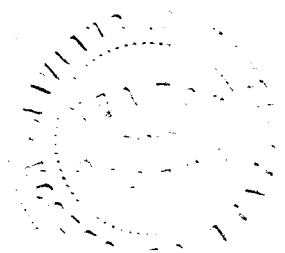
2

1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

464-115-014-863

40 5975

405975

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>Middleton</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Middleton</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>16</u> yrs.	
4. FULL NAME OF CHILD <u>Ernest Dean Moody</u>		5. Date of Birth of Child (Month, day, year) <u>8-15-1895</u>	
6 Sex <u>Male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Adam W. Moody Sr.</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>39</u> yrs. 13. Birthplace _____ (City or town) _____ (State or foreign country) _____ 14. Exact Occupation <u>farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary S. Halford</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>Reds Elk Pike Co.</u> (City or town) _____ (State or foreign country) _____ 20. Exact Occupation <u>housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of California } ss.
County of San Diego }
I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 50 years, and that Dr. Hall and May Wheller who attended this birth can not be located further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

Signature Amy Halford
P. O. Address 134 1/2 minit Chubb Vista
Subscribed and sworn to before me this 29th day of May 1945, 19____

(SEAL) _____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

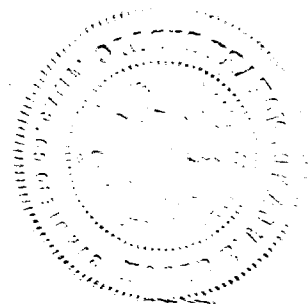
Received for filing on JUN 18 1945 by NOTARY PUBLIC Registrar
In and for the County of San Diego, State of California.

JUN 14 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.~~



266-229-029-269

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **406028**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Moscow
(c) Street Address or R.F.D. No. University Hill
(d) Name of Hospital or Maternity Home: Private home
(e) Mothers stay BEFORE delivery:
In THIS county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Moscow
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has MOTHER lived in Idaho? 1 yr. yrs.

4. FULL NAME OF CHILD

Eladys Mildred Bowles6. Sex Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state)

Moscow Ida

5. Date of Birth of Child

(Month, day, year) June 29-1895

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Jeffery Bowles
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Marguerite Bowles
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Richfield Wis
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife

State of Washington } ss.
County of Spokane, Wash.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 49 yrs 11 mo. years, and that Dr Coffee, (of Moscow, Ida), who attended this birth Is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marguerite Bowles Signature
N. 3504 Mayfair St. Spokane, Wn. P. O. Address

Subscribed and sworn to before me this 17th day of May, 1945
(SEAL) Aubrey L. White Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1945 by Mary Elder Registrar.

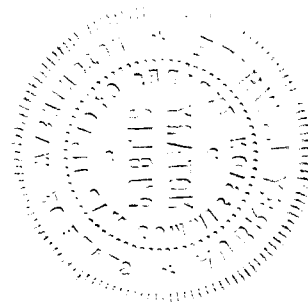
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 12 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

386-214-036-133

United States (Be sure the information is as of date of birth of THIS child.) State File No. **406037**
Department of Commerce
Bureau of the Census
CERTIFICATE OF BIRTH
STATE OF IDAHO
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City St. Joseph
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: born at mother's home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 2 years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City St. Joseph
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) _____

4. **FULL NAME OF CHILD** Ann Thomas

5. **Date of Birth of Child** (Month, day, year) Nov. 14, 1895

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Madison Thomas

11. Color white 12. Age at time of THIS birth 29 yrs.

13. Birthplace Smithfield, Utah
(City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business --

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Candus Allen

17. Color white 18. Age at time of THIS birth 26 yrs.

19. Birthplace Richmond, Utah
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at A. M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Minnie Candus Thomas
(First name) (Last name)
who is related as mother
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

State of California } ss. (To be completed when the attendant does not sign in Item 25.)
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
(Mother, etc.)

in Item 4, above, that I am now 75 years of age, that I have known this person for 49 years, and that
Mrs. Mary Hawkes, Midwife, who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Mrs Minnie Candus Allen Thomas Signature
101 East Platt St. Long Beach, Calif. P. O. Address

Subscribed and sworn to before me this 29th day of May 1945
(SEAL) Mary Hawkes Notary Public, residing at Los Angeles
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1945 by Mary Hawkes June 9, 1947. Registrar

JUN 13 1945

OCT 17 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

795-124004-296
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

406124
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bear Lake</u> (b) City <u>Bloomington</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bear Lake</u> (c) City <u>Bloomington</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>7</u> yrs.	
4. FULL NAME OF CHILD <u>Truman Thomas Greenhalgh</u>		5. Date of Birth of Child (Month, day, year) <u>Sept. 24th 1895</u>	
6. Sex <u>M</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Thomas Alma Greenhalgh</u> 11. Color or Race <u>W</u> 12. Age at time of THIS birth <u>38</u> yrs. 13. Birthplace <u>Willard Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Merchant</u> 15. Industry or Business <u>Business</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Josephine Krogue</u> 17. Color or Race <u>W</u> 18. Age at time of THIS birth <u>35</u> yrs. 19. Birthplace <u>Hyde Park Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Hswife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Utah } ss. **AFFIDAVIT**
County of Mesa }

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for life years, and that midwife who attended this birth cannot be located I further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-ed under Chapter 139, 1937 Session Laws.

Violet Greenhalgh Snow Signature
Idaho, Utah P. O. Address

Subscribed and sworn to before me this 15 day of June, 1945
(SEAL) Benjamin Schumacher Notary Public, residing at 60 State Street
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 21 1945 by Malcolm H. Elder Registrar

81004

JUN 21 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

449 109044 211

United States (Be sure the information is as of date of birth of THIS child.) State File No. **408492**
Department of Commerce
Bureau of the Census *Now Adams
CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington * (b) City Indian Valley
(c) Street Address or R.F.D. No. rural
(d) Name of Hospital or Maternity Home: Parents' home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 11 years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington*
(c) City Indian Valley
(d) Street Address or R.F.D. No. rural
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Indian Valley, Idaho
5. Date of Birth of Child March 9, 1895
(Month, day, year)

4. **FULL NAME OF CHILD** CHARLES CLINTON MURPHY
6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** WILLIAM FRANKLIN MURPHY
11. Color White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Tuscola, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** SUSAN MITCHEL BARBOUR
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Polk County, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of Idaho } ss.
County of Adams }

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4,
above, that I am now 76 years of age, that I have known this person for 50 years, and that
Mrs. James Cain who attended this birth is deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

William F. Murphy Signature
Indian Valley, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of July, 1945.
(SEAL) Carl N. Swanson Notary Public, residing at Council, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1945 by Mabel F. Elder Registrar.

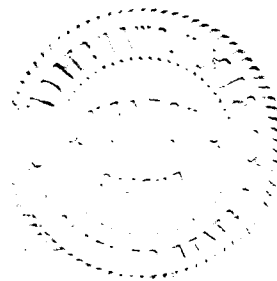
284404

AUG 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249 203 029 294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

SEP 10 1945

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **409675**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. <u>I</u> (d) Name of Hospital or Maternity Home: <u>Home Residence</u> (e) Mothers stay BEFORE delivery: In THIS county <u>18</u> years <u> </u> months <u> </u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. <u>I</u> (e) How long has MOTHER lived in Idaho? <u>18</u> yrs.	
4. FULL NAME OF CHILD <u>Ella Helen Smith-</u>		3. Date of Birth of Child (Month, day, year) <u>Jan. 3, 1895</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u> </u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Hans D. Smith</u>		16. FULL MAIDEN NAME <u>Lena Simonson</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>55</u> yrs.		18. Age at time of THIS birth <u>40</u> yrs.	
13. Birthplace <u>Norway</u> (City or town) (State or foreign country)		19. Birthplace <u>Norway</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Same</u>		21. Industry or Business <u>Same</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>8</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

State of Idaho
County of Latah } ss.

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 50 years, and that Dr. C. L. Gritman who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carl Smith Signature
405 College Ave., Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of September, 1945
(SEAL) W. J. Patterson Probate Judge
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Notary Public, Residing at Moscow, Idaho

Received for filing on SEP 12 1945 by Mary H. Elder, Registrar

42001

SEP 24 1969

SEP 18 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

318-110-022-859

United States (Be sure the information is as of date of birth of THIS child.) State File No. **410789**
Department of Commerce
Bureau of the Census SEP 2 1945 **CERTIFICATE OF BIRTH** Local Reg. No. _____
STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Freemont (b) City Rexburg
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay BEFORE delivery: _____
In THIS county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Rexburg
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg Idaho

4. FULL NAME OF CHILD Vandler Herman Layman 5. Date of Birth of Child (Month, day, year) Aug 10 1895

6 Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Herman Layman 14. FULL MAIDEN NAME Mary Hertzig
11. Color White 12. Age at time of THIS birth 32 yrs. 17. Color White 18. Age at time of THIS birth 25 yrs.
13. Birthplace Slaterville Utah (City or town) (State or foreign country) 19. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation Business Man 20. Exact Occupation House wife
15. Industry or Business Drug Store Butcher Shop 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____ (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Irma Mary Miller (First name) (Last name)
who is related as Sister (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of _____ } ss. (To be completed when the attendant does not sign in Item 25.)
County of Weber }

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears (Mother, etc.)
in Item 4, above, that I am now 52 years of age, that I have known this person for 50 years, and that Dector Rivers who attended this birth is now Deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

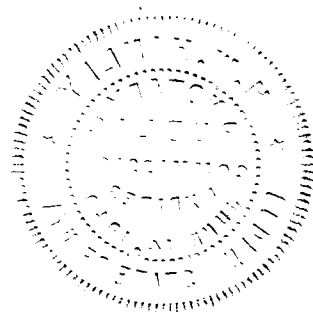
Subscribed and sworn to before me this 12th day of Sept, 1945
(SEAL) _____ Notary Public, residing at Agden, Idaho
(Note: Perjury is punishable as a felony in Idaho; see S.C. 17-914, Idaho Code Annotated.)

Received for filing on SEP 22 1945 by Mary Vandler, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **410895**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Shoshone (b) City Markit Lake (Poots)
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at my home
(e) Mother's stay BEFORE delivery: IN THIS county years 11 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Shoshone
(c) City Markit Lake (now Poots)
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho about 2 years

3. RESIDENCE OF FATHER (city, state) Same

5. Date of Birth of Child (Month, day, year) Nov 20th 1895

4. FULL NAME OF CHILD Verna Jay Carruthers

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel S. Carruthers
11. Color White 12. Age at time of THIS birth 34 yrs.
13. Birthplace New Waterford Ohio
(City or town) (State or foreign country)
14. Exact Occupation Rail Way Agent & Druggist
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Luella Eva Baker
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Edinville Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Matron of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 46 years, and that Emily J. Carruthers, who attended this birth Deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Luella Eva Carruthers Signature
155 So. Hayer Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 2 day of December, 1941
(SEAL) A. Schaefer Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1945 by Mal Helder Registrar.

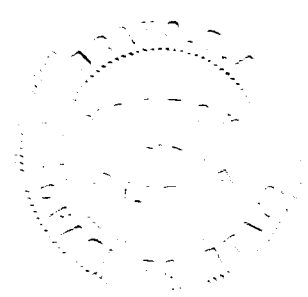
22601A

OCT 16 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

253-219-039-239

411946

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Power</u> (b) City <u>Rockland</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mothers stay BEFORE delivery: In THIS county <u>7</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Power</u> (c) City <u>Rockland</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>4</u> yrs.	
4. FULL NAME OF CHILD <u>Mable Kelly</u>		5. Date of Birth of Child (Month, day, year) <u>Dec. 19, 1895.</u>	
6 Sex <u>Female</u>	7. Twin or Triplet _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John Thomas Kelly</u>		16. FULL MAIDEN NAME <u>Pearl Stredder</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>32</u> yrs.		18. Age at time of THIS birth <u>20</u> yrs.	
13. Birthplace <u>Leominster, England.</u> (City or town) (State or foreign country)		19. Birthplace <u>Beaver City, Utah.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Cobbler</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>?</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Idaho } ss. **AFFIDAVIT**
County of Bannock } (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the no relation of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 50 years, and that Mable Kelly who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Is now deceased) or (Cannot be located)
Emily B. Kelly Signature
151 W. Sherman Pocatello Ida P. O. Address
Subscribed and sworn to before me this 18 day of October, 1945
(SEAL) S. L. Stowell Notary Public, residing at Pocatello
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) John
Received for filing on OCT 27 1945 by Mable Kelly Registrar

000110

OCT 30 1945

OCT 29 1945

JAN 12 1977

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **411982**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Idaho Falls
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 19 years 6 months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State _____ (b) County _____
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.
3. **RESIDENCE OF FATHER** (city, state) _____

4. **FULL NAME OF CHILD** Hannah Belle Dahlstrom
5. Date of Birth of Child (Month, day, year) Aug 28, 1895
6 Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes _____

- FATHER OF CHILD**
10. **FULL NAME** Harvey Dahlstrom
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Nolta, Sweden
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Phebe Ann Steers
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Richmond Cashe County, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ who is related as _____
(Born alive, stillborn) (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

- State of Idaho } ss. **AFFIDAVIT**
County of Bannock }

- I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 50 Years years, and that Miss Baird who attended this birth Deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

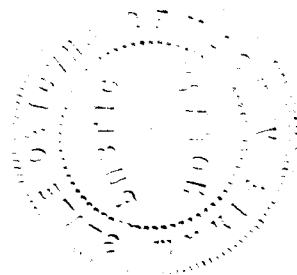
- Subscribed and sworn to before me this 16th day of October, 1945
(SEAL) Mary D. Holmes Signature _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on OCT 27 1945 by Mary D. Holmes, Registrar

1917 20 1917

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

114-212-229-142

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **412065**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>LATAH</u> (b) City <u>PRINCETON</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>PARENTS HOME</u> (e) Mothers stay BEFORE delivery: In THIS county <u>6</u> years - months - days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>LATAH</u> (c) City <u>PRINCETON</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>6</u> yrs.	
4. FULL NAME OF CHILD <u>MARTHA COLLA MAUPIN</u>		5. Date of Birth of Child (Month, day, year) <u>OCTOBER 12, 1895</u>	
6. Sex <u>FEMALE</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet <u>NIL</u> If so—born 1st, 2nd, 3rd _____		9. Legitimate? <u>YES</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>JOHN OLIVER MAUPIN</u>		16. FULL MAIDEN NAME <u>MAY ISABELLE AUSTIN</u>	
11. Color or Race <u>WHITE</u>		17. Color or Race <u>WHITE</u>	
12. Age at time of THIS birth <u>28</u> yrs.		18. Age at time of THIS birth <u>20</u> yrs.	
13. Birthplace <u>SALEM OREGON</u> (City or town) (State or foreign country)		19. Birthplace <u>ANOHA MINNESOTA</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>TEAMSTER</u>		20. Exact Occupation <u>HOUSE WIFE</u>	
15. Industry or Business <u>LIVERY STABLE</u>		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>NIL</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>6</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

State of WASHINGTON } ss. (To be completed when the attendant does not sign in Item 25.)
County of BENTON }
I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears (Mother, etc.)
in Item 4, above, that I am now 70 years of age, that I have known this person for 50 years, and that MRS. CATHERINE MENDENHALL who attended this birth IS NOW DECEASED I further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 20th day of OCTOBER 1945
(SEAL) Frank Maupin Notary Public, residing at Bennetwick Washington
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on NOV 8 1945 by Mary Elder Registrar

100915

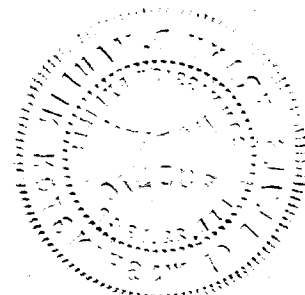
FEB 18 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 14 1945



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

122-203039-556
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **413031**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Power</u> (b) City <u>American Falls</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>At home</u> (e) Mothers stay BEFORE delivery: In THIS county - years <u>6</u> months - days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Power</u> (c) City <u>American Falls</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>6 Mo.</u> yr <u>American Falls</u>	
4. FULL NAME OF CHILD <u>Ellen Leavelle Abbott</u>		5. Date of Birth of Child (Month, day, year) <u>Feb. 3, 1895</u>	
6 Sex <u>Female</u>	7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Samuel Henry Abbott</u>		16. FULL MAIDEN NAME <u>Mary Frances Newhouse</u>	
11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>29</u> yrs.		17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>32</u> yrs.	
13. Birthplace <u>Honesdale, Penn.</u> (City or town) (State or foreign country)		19. Birthplace <u>Colfax, Iowa</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Mining Operator</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Gold Dredging</u>		21. Industry or Business <u>None</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Boric Acid</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of California } ss. **AFFIDAVIT**
County of Alameda } (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 50 years, and that Mrs. Lish who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 13th. day of November, 1945
(SEAL) Richard Nelson Notary Public, residing at Oakland, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on NOV 24 1945 by Mary P. Elder, Registrar

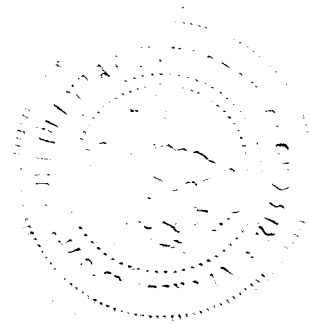
130814

NOV 26 1935

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

154 213 044 259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **414205**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth).
(a) County Wash. (b) City Indian Valley
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay BEFORE delivery:
In THIS county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Indian Valley
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) _____

4. **FULL NAME OF CHILD** Ivy Viola Anderson
5. **Date of Birth of Child** Feb. 13, 1895
(Month, day, year)

6. **Sex** Girl 7. **Twin or Triplet** _____ If so—born 1st, 2nd, 3rd _____
8. **No. months of Pregnancy** _____ 9. **Legitimate?** yes

FATHER OF CHILD
10. **FULL NAME** George W. Anderson
11. **Color or Race** White 12. **Age at time of THIS birth** 35 yrs.
13. **Birthplace** Vinitella Oregon
(City or town) (State or foreign country)
14. **Exact Occupation** _____
15. **Industry or Business** Stockman

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Eva Lillian Berry
17. **Color or Race** White 18. **Age at time of THIS birth** 27 yrs.
19. **Birthplace** Sonoma Co. California
(City or town) (State or foreign country)
20. **Exact Occupation** _____
21. **Industry or Business** housewife

22. **Name prophylactic used to prevent Ophthalmia Neonatorum** _____
23. **Number of children of this mother:** (a) 5 At time of birth and including this child. (b) 5 Born alive and now living.

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE at 11 A. M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by CORA HUTCHISON
(First name) (Last name)
who is related as COUSIN
(Mother, etc.)

25. **Attendant's OWN signature** _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of IDAHO ss. **AFFIDAVIT**
County of ADAMS (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the COUSIN of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 68 years of age, that I have known this person for over 30 years, and that
LAVINA PRICE who attended this birth IS NOW DECEASED further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.
Cora Hutchison Cora Hutchison Signature
INDIAN VALLEY IDA. P. O. Address

Subscribed and sworn to before me this 3 day of Jan 1946
(SEAL) P.H. Ware Notary Public, residing at Indian Valley
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 11 1946 by Mary Feldner Registrar

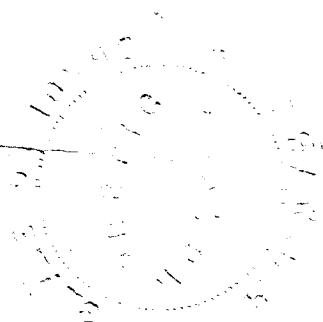
AUG 3 1972

1340

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



418713 029 962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. **414211**

Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>LATAH</u>	(b) City <u>MOSCOW</u>	(a) State <u>Idaho</u>	(b) County <u>Latah</u>
(c) Street Address or R.F.D. No. <u>THIRD STREET</u>		(c) City <u>MOSCOW</u>	
(d) Name of Hospital or Maternity Home: _____		(d) Street Address or R.F.D. No. <u>Third Street</u>	
(e) Mothers stay BEFORE delivery: In THIS county <u>10</u> years months days		(e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	

4. FULL NAME OF CHILD <u>EDWARD WILLIS MAHONEY</u>		5. Date of Birth of Child <u>June 13 1895</u> (Month, day, year)	
6 Sex <u>MALE</u>	7. Twin or Triplet _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>YES</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>EDWARD WILLIS MAHONEY</u>		16. FULL MAIDEN NAME <u>THERESA ROBINSON</u>	
11. Color or Race <u>AMERICAN</u>	12. Age at time of THIS birth <u>30</u> yrs.	17. Color <u>AMERICAN</u>	18. Age at time of THIS birth <u>21</u> yrs.
13. Birthplace <u>DODGE COUNTY IOWA</u> (City or town) (State or foreign country)		19. Birthplace <u>INDEPENDENCE, MO</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>ELECTRICAL ENGINEER</u>		20. Exact Occupation <u>HOUSEWIFE</u>	
15. Industry or Business _____		21. Industry or Business <u>MILLINERY ASSISTANT</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

State of WASHINGTON ss. WASHINGTON
County of KING

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 50 years, and that Dr Gritman who attended this birth now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

EDWARD W. MAHONEY
St Vincent's Home Seattle Wash. Signature P. O. Address

Subscribed and sworn to before me this 25 day of December, 1945

(SEAL) May C. Mayland Notary Public, residing at Seattle, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

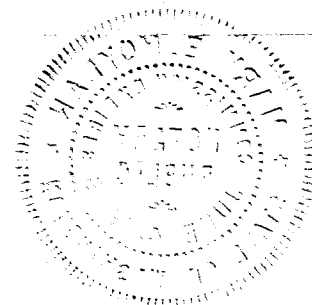
Received for filing on JAN 16 1946 by May E. Elder Registrar

JAN 17 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

867-227-004-443
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. **415299**
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Liberty
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 2 years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Liberty
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
3. **RESIDENCE OF FATHER** (city, state) Liberty,
4. **FULL NAME OF CHILD** Sarah Jane Hoge
5. Date of Birth of Child Oct. 27, 1895
(Month, day, year)
- 6 Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd --
8. No. months of Pregnancy 9 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|--|--|
| 10. FULL NAME <u>George Hoge</u> | 16. FULL MAIDEN NAME <u>Mary Jane Mulvy</u> | 11. Color or Race <u>White</u> | 17. Color or Race <u>White</u> |
| 12. Age at time of THIS birth <u>28</u> yrs. | 18. Age at time of THIS birth <u>29</u> yrs. | 13. Birthplace <u>Carlisle, England</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Carlisle, England</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation <u>Farmer</u> | 20. Exact Occupation <u>Housewife</u> | 15. Industry or Business <u>Farming</u> | 21. Industry or Business <u>Housewife</u> |
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)
25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

- State of Province of Alberta, ss. (To be completed when the attendant does not sign in Item 25.)
County of Canada
I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 50 years, and that Doctor Hoyer who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record—
(First name) (Last name) (Is now deceased) or (Cannot be located)
- Received under Chapter 139, 1937 Session Laws.

- Subscribed and sworn to before me this 14th day of January, 1946.
(SEAL) _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on JAN 24 1946 by Walter H. Hildebrand Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Received for filing on JAN 24 1946 by Mohr, E. J. Registrar

APR 28 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 25 1948



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

643-217-008-893

United States (Be sure the information is as of date of birth of THIS child.) State File No. _____
Department of Commerce Local Reg. No. _____
Bureau of the Census Reg. Dist. No. 415323

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County _____ (b) City Idaho City
(c) Street Address or R.F.D. No. No St. number
(d) Name of Hospital or Maternity Home: born at home, 3rd house from Idaho City, MO.
(e) Mothers stay BEFORE delivery: In THIS county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County _____
(c) City Idaho City
(d) Street Address or R.F.D. No. No St. No.
(e) How long has MOTHER lived in Idaho? 1 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho City, Id.
4. FULL NAME OF CHILD Neva Adelaide Fuller
5. Date of Birth of Child Idaho City, Id.
(Month, day, year) Dec. 17, 1946

6. Sex Female 7. Twin or Triplet no If so—born Only one 8. No. months of Pregnancy 9 mos 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Owen Franklin Fuller
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Fullton, Benton Co. Mo.
(City or town) (State or foreign country)
14. Exact Occupation For 18 years past Record Tech.
15. Industry or Business rough, Chiles Cleveland and Ohio Cleveland, O.

MOTHER OF CHILD
16. FULL NAME Edith Sidney Hicks
17. Color or Race White 18. Age at time of THIS birth 12 yrs.
19. Birthplace Columbus, Kans.
(City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by Owen Franklin Fuller (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Ohio } ss. (To be completed when the attendant does not sign in Item 25.)
County of Cuyahoga }
I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for his life years, and that Doctor ? Tranwell who attended this birth is deceased. I further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

O. F. Fuller Signature
1637 E. 55th St. Cleveland O. O. O. Address
Subscribed and sworn to before me this 16th day of January 1946
(SEAL) Edith B. Tranwell Notary Public, residing at Cleveland O.
(Note: Perjury is punishable as a felony in Idaho, see Sec. 2000, Idaho Code Annotated.)

Received for filing on JAN 24 1946 Commission Expires Aug 22 1948 MOM F. Elder Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 25 1938

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **415347**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Kootenai</u> (b) City <u>Seneguateen</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mothers stay BEFORE delivery: In THIS county years <u>4</u> months <u>3</u> days <u>1</u>		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Kootenai</u> (c) City <u>Seneguateen</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>4</u> yrs.	
4. FULL NAME OF CHILD <u>Delta Fay Merritt</u>		5. Date of Birth of Child (Month, day, year) <u>5-1-1895</u>	
6. Sex <u>Female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Otis J Merritt</u>	11. Color or Race <u>White</u>	16. FULL MAIDEN NAME <u>Elizabeth Ann Seabert</u>	17. Color or Race <u>White</u>
12. Age at time of THIS birth <u>37</u> yrs.	13. Birthplace <u>New York</u> (City or town) (State or foreign country)	18. Age at time of THIS birth <u>29</u> yrs.	19. Birthplace <u>Wenona Ill.</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>	15. Industry or Business _____	20. Exact Occupation <u>Teacher</u>	21. Industry or Business _____
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None used</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>Three</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

State of Washington } ss. (To be completed when the attendant does not sign in Item 25.)
County of Spokane }
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 50 years, and that _____, who attended this birth _____ I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 7th day of Dec, 1945.
(SEAL) _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on FEB 1 1946 by Mary Elder, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

357-126001-493
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **415413**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>Ada St</u> (d) Name of Hospital or Maternity Home: <u>Mother stayed at home</u> (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>So. 6 S 3rd St</u> (e) How long has MOTHER lived in Idaho? <u>48</u> yrs.	
4. FULL NAME OF CHILD <u>Jacob Henry Lepper</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		5. Date of Birth of Child <u>May 26, 1895</u> (Month, day, year)	
6. Sex <u>Male</u>		8. No. months of Pregnancy <u>9</u>	
FATHER OF CHILD 10. FULL NAME <u>George Lepper</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>28</u> yrs. 13. Birthplace <u>Cincinnati, Ohio</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Labor</u> 15. Industry or Business <u>None</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Lettie Almira Mitts</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>20</u> yrs. 19. Birthplace <u>Mound City, Kansas</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>None</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Idaho }
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 50 years, and that _____, who attended this birth is now deceased further (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

George Lepper Signature
P. O. Address _____

Subscribed and sworn to before me this 12 day of February, 1946

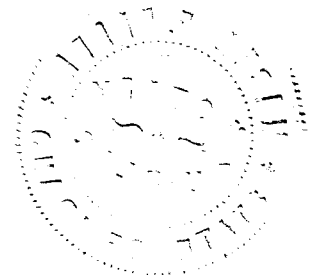
(SEAL) Malv Holder Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by _____, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of }
County of } ss.

Certificate No. 415413
Date Filed 2-16-46

The undersigned does solemnly swear that certain facts on the certificate of
for who on
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on are:

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

(Give Date)
TO
(The Correct Facts)

Middle Name

Henry

Henry

Subscribed and sworn to before me this 18th day of Oct

Notary Public, residing at Malden, Mass.

My commission expires

(Seal)

Signed Jacob H. Leppert

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R 4 Boise Idaho.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
....., 19.....

Signed

(Signature of Any Credible Person)

Notary Public, residing at

My commission expires

(Seal)

(Street Address, City, State)

1961 62 JAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH - BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

Certificate No. 12345
Date Filed Jan 15 1961

The undersigned does solemnly swear that certain facts on the certificate of birth or death are true and correct.

and erroneous or were omitted; and that to the best of his knowledge, the information furnished is true and correct.



Subscribed and sworn to before me on this 15th day of January, 1961, at Boise, Idaho.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

This Affidavit must be filed with the original certificate of birth or death.

The undersigned does solemnly swear that he has knowledge of the facts on the certificate of birth or death and that they are true and correct.

Subscribed and sworn to before me on this 15th day of January, 1961, at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

99021
MAR 1 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

845-103-029-385

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. **416312**
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City PALEUSE, Wn
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Family Home
(e) Mothers stay BEFORE delivery:
In THIS county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City PALEUSE, Wn
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 16 yrs.

4. **FULL NAME OF CHILD** Samuel Esom Hunter

3. **RESIDENCE OF FATHER** (city, state) Latah Co Idaho
5. Date of Birth of Child
(Month, day, year) Jan. 3, 1895

6 Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Miller Hunter
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Emerson Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Celia Lynd
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Washington Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

State of Washington } ss.
County of Wichitan }

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 51 years, and that Dr Williams who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fredrick Preston Hunter Signature
815 North 4th Street, Pocatello, Idaho P. O. Address


Subscribed and sworn to before me this 46 day of January 1946
(SEAL) Notary Public, Notary Public, residing at Pocatello
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1946 by Mary Elder, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

997-208-044-555

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **416395**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Washington</u> (b) City <u>Meadows</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mothers stay BEFORE delivery: In THIS county <u>5</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Meadows</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>55</u> yrs.	
4. FULL NAME OF CHILD <u>Lutincy Evangeline Rigdon</u>		5. Date of Birth of Child (Month, day, year) <u>7-8-95</u>	
6 Sex <u>Female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy _____	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>George Gomelia Rigdon</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>34</u> yrs. 13. Birthplace <u>Willamette River, Oregon</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Sierra Nevada Rigdon</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>24</u> yrs. 19. Birthplace <u>Keokuk, Iowa</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business <u>farming</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>unknown</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by myself, Sierra Nevada Meadows who is related as Mother
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

AFFIDAVIT

State of California } ss. (To be completed when the attendant does not sign in Item 25.)
County of Solano }
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 50 years, and that Elizabeth Clay, midwife who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
(First name) (Last name) (Is now deceased) or (Cannot be located)
ed under Chapter 139, 1937 Session Laws.
My Commission Expires November 29, 1947
Subscribed and sworn to before me this 19th day of February, 1946
(SEAL) _____, Notary Public, residing at Vallejo, Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1946 by Mary H. H. H., Registrar

SEP 26 1947

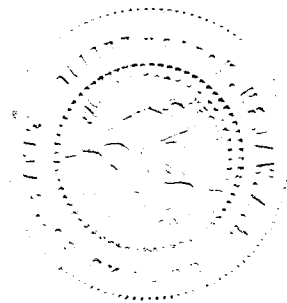
MAR 14 1948

MAR 18 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

133-219001-418

418379

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>one</u> yrs.	
4. FULL NAME OF CHILD <u>Lucy Adaline Atton</u>		5. Date of Birth of Child <u>Feb. 19 1995</u> (Month, day, year)	
6. Sex <u>Female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>7</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Amos Cross Atton</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>28</u> yrs. 13. Birthplace <u>Hanover</u> <u>Ontario Canada</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Carpenter</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Lucy Adaline Mayer</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>25</u> yrs. 19. Birthplace <u>Chicago</u> <u>Illinois</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of California
County of Los Angeles } ss.

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 51 years, and that Dr. Barney, who attended this birth cannot locate I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Amos Cross Atton Signature

Subscribed and sworn to before me this Eighth day of April, 1995
(SEAL) W. A. ALEXANDER Notary Public, residing at 7614 STATE ST
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) HUNTINGTON PARK

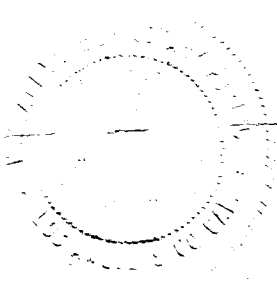
Received for filing on APR 25 1946 by Mary E. Elder Registrar

APR 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **418391**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Pleasant View</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>In Home</u> (e) Mothers stay BEFORE delivery: <u>25</u> years <u>6</u> months <u>18</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Pleasant View</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>25</u> yrs.	
4. FULL NAME OF CHILD <u>Sara Jones</u>		5. Date of Birth of Child <u>Idaho</u> (Month, day, year) <u>Oct. 12, 1895</u>	
6 Sex <u>Female</u>	7. Twin or Triplet _____	8. No. months of Pregnancy _____	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Hyrum William Jones</u>		16. FULL MAIDEN NAME <u>Margaret Morse</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>27</u> yrs.		18. Age at time of THIS birth <u>25</u> yrs.	
13. Birthplace <u>Malad RFD 2</u> <u>Idaho</u> (City or town) (State or foreign country)		19. Birthplace <u>Samaria</u> <u>Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Farmer</u>		21. Industry or Business <u>Farmer's wife.</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>not known</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Oneida }
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 50 years, and that Maria Morse who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
(First name) (Last name) (Is now deceased) or (Cannot be located)
ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 22nd day of April, 1946.
(SEAL) Eduard Hooley, Notary Public, residing at Malad, Idaho.
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 25 1946 by Mary Elder, Registrar

MAY 10 1976

APR 25 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

293-230635-368

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **418397**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Cameron
(c) Street Address or R.F.D. No. R.F.D. Idaho
(d) Name of Hospital or Maternity Home: _____
Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Cameron
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 55 yrs.

4. **FULL NAME OF CHILD** Elsa Hohanna Silflow
6 Sex Female 7. Twin or NO Triple If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) deceased
5. Date of Birth of Child Jan. 30, 1895
(Month, day, year)
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Ferdinand Silflow
11. Color or Race white 12. Age at time of THIS birth 35 yrs.
Germany
13. Birthplace _____
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Ida Lohman
17. Color or Race white 18. Age at time of THIS birth 22 yrs.
Germany
19. Birthplace _____
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature none M.D. Address _____ Date _____
Midwife Grandmother no deceased.

State of Idaho
County of Latah

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 51 years, and that Wilamina Lohman who attended this birth is now deceased further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
(First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 20th day of April, 1946.
(SEAL) _____, Notary Public, residing at Kendrick
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Signature _____ P. O. Address _____
Cameron, Idaho

Received for filing on MAY 3 1946 by Mabel Elder, Registrar

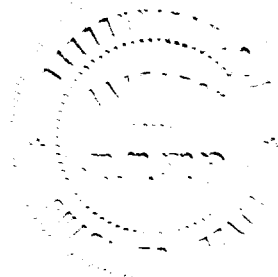
MAY 8 1948

MAY 8 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. **418406**
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Elba</u> (c) Street Address or R.F.D. No. <u>--</u> (d) Name of Hospital or Maternity Home: <u>--</u> (e) Mothers stay BEFORE delivery: In THIS county <u>15</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>ELBA</u> (d) Street Address or R.F.D. No. <u>---</u> (e) How long has MOTHER lived in Idaho? <u>15</u> yrs.	
4. FULL NAME OF CHILD <u>George Osmer Ward</u>		5. Date of Birth of Child (Month, day, year) <u>April 24, 1895</u>	
6 Sex <u>Male</u>	7. Twin or Triplet <u>--</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Hyrum H. Ward</u>		16. FULL MAIDEN NAME <u>Margaret Jane Wickel</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>25</u> yrs.		18. Age at time of THIS birth <u>18</u> yrs.	
13. Birthplace <u>Willard, Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>Farmington, Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housekeeper</u>	
15. Industry or Business <u>Farmer</u>		21. Industry or Business <u>Business</u>	
22. Name prophylactic used to prevent <u>Ophtalmia Neonatorum</u> <u>None</u>			
23. Number of children of this mother: (a) <u>At time of birth and including this child</u> <u>1</u> (b) <u>Born alive and now living</u> <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Idaho } ss. **AFFIDAVIT**
County of Cassia } (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person xxx all his life, and that Dr. R. T. Story who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Jane Wickel Ward Calderwood Signature
Burley, Idaho P. O. Address
Subscribed and sworn to before me this 20th day of April, 1946.
(SEAL) [Signature] Notary Public, residing at Burley, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1946 by Mabel Elder, Registrar

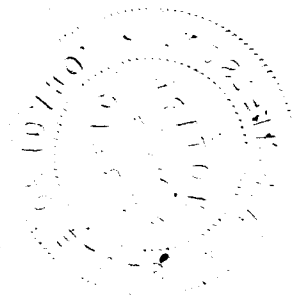
6 1948

JUL 16 1952

DELAYED REGISTRATION LAW

Chapter 130, Section 4

Where the birth of a child has not been reported to the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

169 208025-553

419552

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>IDAHO</u> (b) City <u>DENVER</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>HOME</u> (e) Mothers stay BEFORE delivery: In THIS county <u>17</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>IDAHO</u> (c) City <u>DENVER</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>17</u> yrs.	
4. FULL NAME OF CHILD <u>ADA MAY JORGENSEN</u>		5. Date of Birth of Child (Month, day, year) <u>JULY 8, 1895</u>	
6. Sex <u>FEMALE</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>YES</u>
FATHER OF CHILD 10. FULL NAME <u>ANDREW JORGENSEN</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>36</u> yrs. 13. Birthplace <u>SWEDEN</u> (City or town) (State or foreign country) 14. Exact Occupation <u>FARMER</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>JOSEPHINE CAROLINE NELSON</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>23</u> yrs. 19. Birthplace <u>MILPITAS CAL.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSEWIFE</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

State of CALIFORNIA } ss. **AFFIDAVIT**
County of SANTA CLARA }
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 51 years, and that MOBERG who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

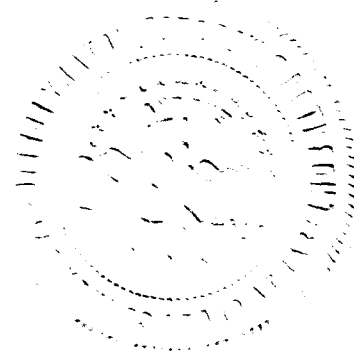
Subscribed and sworn to before me this 25th day of May 1946.
(SEAL) _____ Notary Public, residing at San Jose, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on JUN 11 1946 by John F. Elder, Registrar

JUN 14 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only Blue Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

331 210036-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

419637

State File No. 419637

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Preston</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county <u>10</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Preston</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	
4. FULL NAME OF CHILD <u>Verna Clarkson</u>		5. Date of Birth of Child (Month, day, year) <u>10 May 1895</u>	
6. Sex <u>Female</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Charles Robert Clarkson</u>		14. FULL MAIDEN NAME <u>Alvira Stout</u>	
11. Color or Race <u>white</u>		15. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>23</u> yrs.		16. Age at time of THIS birth <u>29</u> yrs.	
13. Birthplace <u>Salt Lake City</u> <u>Utah</u> (City or town) (State or foreign country)		17. Birthplace <u>St George</u> <u>Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		18. Exact Occupation <u>Housewife</u>	
15. Industry or Business		19. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

State of Utah } ss.
County of Salt Lake }
I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4 above, that I am now 84 years of age, that I have known this person for 51 years, and that Mrs. Swann who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 199, 1937 Session Laws.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

Robert B. Swann of the person whose name appears (Mother, etc.)
4739 Holladay Blvd. Salt Lake City, Utah P. O. Address
Subscribed and sworn to before me this 10 day of July, 1946
B. H. Anderson Notary Public, residing at Holladay

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

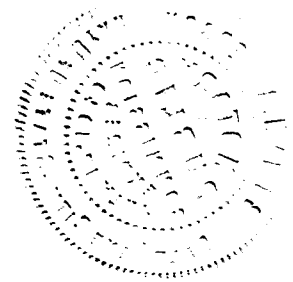
Received for filing on _____ by Mary E. Elder Registrar

JUL 11 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

314 716 016-866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **420729**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Albion</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county <u>13</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Albion</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>13</u> yrs.	
4. FULL NAME OF CHILD <u>Mayme Camp</u>		5. Date of Birth of Child (Month, day, year) <u>July 16, 1898</u>	
6. Sex <u>F</u>	7. Twin or Triplet <u>---</u>	8th	8. No. months of Pregnancy <u>Rega</u> Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Louis L. Camp</u>	11. Color or Race <u>Wh.</u>	12. Age at time of THIS birth <u>43</u> yrs.	13. Birthplace <u>Denmark</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Stone mason</u>	15. Industry or Business	16. FULL MAIDEN NAME <u>Charolette Hoffine</u>	17. Color or Race <u>Wh.</u>
18. Age at time of THIS birth	19. Birthplace <u>Salt Lake, Utah</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Housewife</u>	21. Industry or Business
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as Dr. Story now deceased
(Mother, etc.)

25. Attendant's OWN signature **M.D. Address** **Date**

State of Idaho } ss. **AFFIDAVIT**
County of Cassia }
I, the undersigned, being first duly sworn, say that I am the brother (To be completed when the attendant does not sign in Item 25.)
(Mother, etc.) of the person whose name appears
in Item 4, above, that I am now 65 years of age, that I have known this person for 51 years, and that
Dr. Story who attended this birth is dead I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Louis L. Camp Signature
Burley, Idaho. P. O. Address
Subscribed and sworn to before me this 2nd day of July, 19 46
(SEAL) Henry H. Jackson Notary Public, residing at Burley, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on JUL 18 1946 by Mabel Elder Registrar

JUL 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

168-226029 742
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **424594**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 8 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** ESTHER MARTHEO JOHNSON
5. Date of Birth of Child
(Month, day, year) May 2, 1895
- 6 Sex female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Thure Johnson
11. Color or Race white 12. Age at time of THIS birth 38 yrs.
13. Birthplace Sweden
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business _____

- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Emma Christine Gustafson
17. Color or Race white 18. Age at time of THIS birth 38 yrs.
19. Birthplace Sweden
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife _____

- State of Washington } ss.
County of Pierce }

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 51 years, and that Mrs. Frieda Joncas, who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

x Mrs Frieda Joncas Signature
Longview, Washington P. O. Address

Subscribed and sworn to before me this 19th day of September 1946
(SEAL) D.E. Rogers, Notary Public, residing at Tacoma
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91, Idaho Code Annotated.)

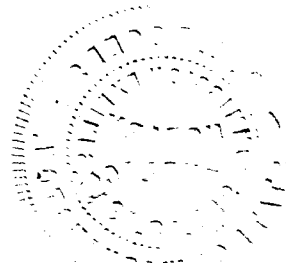
Received for filing on OCT 1 1946 by John W Wright Registrar

APR 24 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

552-211 029 238
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **424598**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Genesee</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>at Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>1</u> years <u>7</u> months <u>days</u>		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Genesee</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u> </u> yrs.	
4. FULL NAME OF CHILD <u>Ella Ida Nebelsieck</u>		5. Date of Birth of Child <u>4-11-1895</u> (Month, day, year)	
6. Sex <u>Female</u>	7. Twin or Triplet _____ If so—born <u>1st, 2nd, 3rd</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Herman Theodore Nebelsieck</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>49</u> yrs. 13. Birthplace <u>Waldeck, Germany</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Taylor</u> 15. Industry or Business <u>same</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Dora C. Scharnhorst</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>37</u> yrs. 19. Birthplace <u>Sigourney, Iowa</u> (City or town) (State or foreign country) 20. Exact Occupation <u>house wife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Latah }
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 88 years of age, that I have known this person for since birth years, and that H. Nebelsieck who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Dora C. Nebelsieck Signature

Subscribed and sworn to before me this 20th day of September, 1946

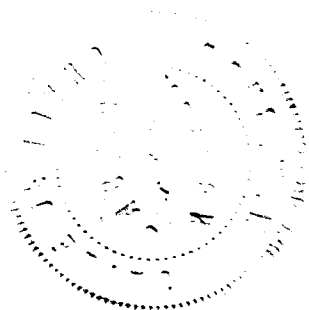
(SEAL) _____, Notary Public, residing at Genesee, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on OCT 1 1946 by John W. Wright Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

433-130014-433

424635

424635

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>Parma Ida.</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Parma</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>17</u> yrs.	
4. FULL NAME OF CHILD <u>Charles Edgar McConnell</u>		5. Date of Birth of Child (Month, day, year) <u>Nov. 30 1895</u>	
6. Sex <u>Male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>George Washington McConnell</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>42</u> yrs. 13. Birthplace <u>Carlton Iowa</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Ellen McConnell</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>39</u> yrs. 19. Birthplace <u>Tennessee</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>8</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of BLAINE IDAHO } ss.
County of BLAINE

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 50 years, and that Dr. Wright (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

Richard S. McConnell Signature
HAILEY, IDAHO P. O. Address

Subscribed and sworn to before me this 20th day of September, 1946.
(SEAL) Joseph W. Paul Notary Public, residing at Hailey, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

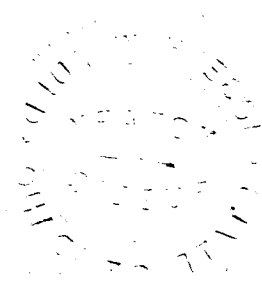
Received for filing on OCT 24 1946 by John W. Wright Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

OCT 24 1945



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

259-203044 366

429028

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home Own home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 13 years 7 months 21 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

4. **FULL NAME OF CHILD** Georgia Gertrude Keithley

3. **RESIDENCE OF FATHER** (city, state) Idaho
5. Date of Birth of Child (Month, day, year) Apr. 5 1935

6 Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____ 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Levi Keithley
11. Color or Race white 12. Age at time of THIS birth 54 yrs.
13. Birthplace St Charles County Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Effie Jane Towell
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Mercer County Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife _____

State of Idaho } ss. **AFFIDAVIT**
County of Washington }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 51 years, and that Mrs. Elton who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record under Chapter 139, 1937 Session Laws.

Effie Jane Towell Keithley Signature
Midvale Idaho P. O. Address

Subscribed and sworn to before me this 12th day of December 1946
(SEAL) J. A. Goodrich Notary Public, residing at Midvale
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 30 1946 by John W. Wright Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

691-226 029 236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File **430484**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home:
Born at family home.
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

4. **FULL NAME OF CHILD** Olive Frazier
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
6. Sex Female

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho
5. Date of Birth of Child (Month, day, year) Feb. 26, 1895
8. No. months of Pregnancy _____ 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** William M. Frazier
11. Color or Race White 12. Age at time of THIS birth 51 yrs.
13. Birthplace Jackson, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Elizabeth Pamela Scott
17. Color or Race White 18. Age at time of THIS birth 39 yrs.
19. Birthplace Mine Lamotte, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Idaho
County of Latah } ss.

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the cousin of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for over 51 years, and that Louisa Larrabee who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora Ann Suddeth Signature
Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of January 19 47
(SEAL) Doris Babcock Notario Publico Auditor and Recorder
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Moscow, Idaho

Received for filing on FEB 4 1947 by John W. Wright Registrar

1947 FEB 5

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

749-209029-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **430501**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City MOSCOW
(c) Street Address or R.F.D. No. in country
(d) Name of Hospital or Maternity Home:
on farm of Margaret Berreman, mother
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 20 years ☒ months ☒ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City MOSCOW
(d) Street Address or R.F.D. No. on farm
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

4. **FULL NAME OF CHILD** Maggie May Purdy
6 Sex female 7. Twin or Triplet _____
If so—born 1st, 2nd, 3rd _____

3. **RESIDENCE OF FATHER** (city, state) deceased
5. Date of Birth of Child 12-9-1895
(Month, day, year) _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** George William Purdy
11. Color or Race white 12. Age at time of THIS birth 36 yrs.
13. Birthplace not known New York
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Martha Ann Berreman
17. Color or Race white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Osage County, Kansas
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 4 P. M. on the date _____
(Born alive, stillborn) Martha Ann Purdy
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as Mother
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Washington } ss. **AFFIDAVIT**
County of Clark } (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 51 years, and that George William Purdy, who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Ann Purdy Signature
Gen. Del. Washougal, Wash. P. O. Address
January 1947

Subscribed and sworn to before me this 28th day of January, 1947
(SEAL) J. F. Moody Notary Public, residing at Washougal
(Note: Perjury is punishable as a felony in Idaho; see Sec. 1-914, Idaho Code Annotated.)

Received for filing on FEB 4 1947 by John W. Wright, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FEB 5 1947



FEB 5 1947

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

219-212044-791

1. PLACE OF BIRTH
County of Washington
City of Weiser
No. _____ St. _____

(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____

Print Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Katherine Elizabeth Barton

3. Sex F. If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth 2 6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth Jan 12 1905 (MONTH, DAY, YEAR)

9. Full name FATHER Edward Marion Barton 18. Full maiden name MOTHER Caroline Katherine Grab

10. Residence (usual place of abode) (If non-resident, give place and State) Weiser 19. Residence (usual place of abode) (If non-resident, give place and state) Weiser

11. Color or race W. 12. Age at last birthday 27 (years) 20. Color or race W. 21. Age at last birthday 28 (years)

13. Birthplace (city or place) (State or country) Miller Co Mo. 22. Birthplace (city or place) (State or country) Kerning Hall Co Mo.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. comparing 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Hardware 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work Feb. 1906 17. Total time (years) spent in this work 4 1/2 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation { months _____ or weeks _____ } 29. Cause of stillbirth { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

Registrar

(Signed) Joseph R. Numbers M. D.

or _____ Midwife

Address FEB 12 1905

Filed _____

John W. Why Registrar

FEB 26 1947

DELETED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

566-228025-232

434868

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)
(a) County IDAHO FALLS (b) City IDAHO
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. General Delivery
(e) How long has MOTHER lived in Idaho? ✓ yrs.

4. FULL NAME OF CHILD Minnie Nowlin
6. Sex Female
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

3. RESIDENCE OF FATHER (city, state) Idaho Falls
5. Date of Birth of Child (Month, day, year) June 28-1895
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Jabus William Nowlin
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Nephi Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Clarinda Bybee
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Idaho Falls Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of CANADA - PROVINCE
County of ALBERTA

ss. (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the UNCLE of the person whose name appears (Mother, etc.)

in Item 4, above, that I am now 72 years of age, that I have known this person for 51 years, and that Mrs. Emma Stevens who attended this birth is now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ernest L. Nowlin Signature
CHAMBERLY ALBERTA CANADA P. O. Address

Subscribed and sworn to before me this 14TH day of MARCH, 1947

(SEAL) Whisper L. Remondet Notary Public, residing at CHAMPION ALBERTA
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

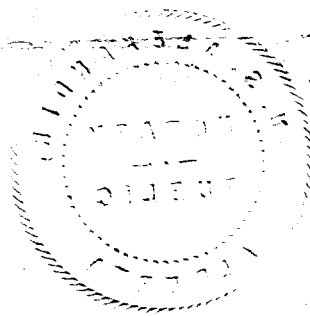
Received for filing on APR 28 1947 by John W Wright Registrar

APR 28 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. Front St
(d) Name of Hospital or Maternity Home: at own home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. Front St
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa, Idaho

4. **FULL NAME OF CHILD** ANDREW JOSEPH PAGE
5. Date of Birth of Child March 11, 1896
(Month, day, year)

6 Sex Male 7. Twin or no If so—born 8. No. months 9. Legitimate? yes
Triplet 1st, 2nd, 3rd of Pregnancy

FATHER OF CHILD

10. **FULL NAME** FRANK PAGE
11. Color White 12. Age at time of THIS birth 44 yrs.
or Race White
13. Birthplace Adison New York
(City or town) (State or foreign country)
14. Exact Occupation Harness Maker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marion Adolphia York
17. Color White 18. Age at time of THIS birth 37 yrs.
or Race White
19. Birthplace Galesburg, Michigan
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
OWN signature Midwife

State of California } ss.
County of San Francisco }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 89 years of age, that I have known this person for 52 years, and that Martha Eastman (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

Marion A. Page Signature
778 Capp St. (10) San Francisco P. O. Address

Subscribed and sworn to before me this 28th day of April, 1947
(SEAL) R. Kreuzberger Notary Public, residing at L. KREUZBERGER
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on MAY 7 1947 by John W. W. Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

433-911-225-563

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **437803**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Franklin (b) City Clearwater
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mothers stay BEFORE delivery:

In THIS county 11 years months days

4. FULL NAME OF CHILD Minnie Edith McLean

6 Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Samuel McLean
11. Color or Race white 12. Age at time of THIS birth 49 yrs.
13. Birthplace Calvin, Ireland
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business _____

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Franklin
(c) City Clearwater
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 63 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child March 11 1896
(Month, day, year)

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Ann Nolan
17. Color or Race white 18. Age at time of THIS birth 33 yrs.
19. Birthplace Okla. Arkansas
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 17 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ who is related as _____
(Born alive, stillborn) (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

State of Washington } ss.
County of Clark }

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above; that I am now 60 years of age, that I have known this person for 52 years, and that who attended this birth _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
(First name) (Last name) (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 9th day of June, 1947
(SEAL) _____ Signature _____
(Note: Perjury is punishable as a felony in Idaho, see Sec 17-914, Idaho Code Annotated.) P. O. Address _____
John D. Durbin Notary Public, residing at _____
John W. Wright Registrar, residing at _____

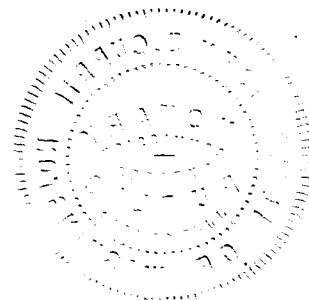
Received for filing on JUN 18 1947 by _____

JUL 2 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

159 22240657
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

439406
State File No. _____
Local Reg. No. **439406**
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Shoshone</u> (b) City <u>Burke</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>6</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Shoshone</u> (c) City <u>Burke</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>6</u> yrs.	
4. FULL NAME OF CHILD <u>Grace Bertha Ferguson</u>		5. Date of Birth of Child (Month, day, year) <u>Oct 22 1895</u>	
6 Sex <u>Female</u>	7. Twin or Triplet <u>Triplet</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Edward Clarence Ferguson</u>		16. FULL MAIDEN NAME <u>Delia Laura Ferguson</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>28</u> yrs.		18. Age at time of THIS birth <u>24</u> yrs.	
13. Birthplace <u>Mauston Wisconsin</u> (City or town) (State or foreign country)		19. Birthplace <u>Hutchinson Minn</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Mechanic</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Mining</u>		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Silver nitrate</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 8: A M. on the date _____ and at the place stated above, and that personal particulars were furnished by Edward Clarence Ferguson who is related as father (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature J. H. H. H. H. H. **M.D. Address** Fernwell Building **Date** AUG 19 1947
Spokane, Washington
AFFIDAVIT

State of _____ **County of** _____ **ss.** (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address
Subscribed and sworn to before me this _____ day of _____, 19_____
(SEAL) _____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)
Received for filing on AUG 21 1947 by John W. Wright, Registrar

AUG 22 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Boise (b) City Quartzburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Boise
(c) City Quartzburg
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Quartzburg, Idaho

5. Date of Birth of Child
(Month, day, year) September 26, 1895

4. FULL NAME OF CHILD

Thomas Richards Faull

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

George Harold Faull

11. Color or Race W

12. Age at time of THIS birth 46 yrs.

13. Birthplace

Cornwall England

14. Exact Occupation

Rancher

15. Industry or Business

Ranching

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Ann Elizabeth Woods

17. Color or Race W

18. Age at time of THIS birth 25 yrs.

19. Birthplace

Little Rock, Arkansas

20. Exact Occupation

Housewife

21. Industry or Business

Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Oregon } ss.
County of Linn

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 93 years of age, that I have known this person for 46 years, and that....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

G. H. Faull Signature
Gardena Idaho P. O. Address

Subscribed and sworn to before me this 23 day of August, 1942

(SEAL)

J. T. Mitchell Justice of the Peace
Notary Public, residing at Horsehair Bend, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 22 1947 by W. W. Wright Registrar.

OCT 17 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

453 215 020-335
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

440802
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Elmore</u> (b) City <u>Mtn. Home</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>1</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Elmore</u> (c) City <u>Mountain Home</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>14</u> yrs.	
4. FULL NAME OF CHILD <u>Lottie Mellen</u>		3. RESIDENCE OF FATHER (city, state) <u>Mtn Home, Ida</u>	
6. Sex <u>Female</u>		5. Date of Birth of Child (Month, day, year) <u>Jan 15, 1895</u>	
7. Twin or Triplet _____		8. No. months of Pregnancy <u>9</u>	
10. FULL NAME <u>Thomas Mellen</u>		9. Legitimate? <u>Yes</u>	
11. Color or Race <u>White</u>		12. Age at time of THIS birth <u>45</u> yrs.	
13. Birthplace <u>Cornwall</u> <u>England</u> (City or town) (State or foreign country)		14. Exact Occupation <u>Business</u>	
15. Industry or Business <u>Sheep</u>		16. FULL MAIDEN NAME <u>Jane Ellen Cleft</u>	
17. Color or Race <u>White</u>		18. Age at time of THIS birth <u>34</u> yrs.	
19. Birthplace <u>Staffordshire</u> <u>England</u> (City or town) (State or foreign country)		20. Exact Occupation <u>House-wife</u>	
21. Industry or Business _____		22. Name prophylactic used to prevent Ophthalmia Neonatorum _____	
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u>		(b) Born alive and now living <u>6</u>	

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

State of Idaho } ss. **AFFIDAVIT**
County of Elmore }

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 1, above, that I am now 66 years of age, that I have known this person for 52 years, and that Dr. Newkirk is now deceased who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
(First name) (Last name) (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 25 day of August 1947
(SEAL) _____, Notary Public, residing at Bozarton California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by John W Wright, Registrar

AUG 28 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has not been recorded, or in case of failure to report~~ any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 440873
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Blaine</u> (b) City <u>Bellevue</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>15</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Bellevue</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>15</u> yrs.	
4. FULL NAME OF CHILD <u>Wallace Mar Scott</u>		5. Date of Birth of Child (Month, day, year) <u>April 19, 1895</u>	
6 Sex <u>Male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>James Henry Scott</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>41</u> yrs. 13. Birthplace <u>Litchfield Conn</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Effie Mariamne Dayton Scott</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>25</u> yrs. 19. Birthplace <u>Cedarfort Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by undersigned who is related as Daunt (Mother, etc.)
(First name) (Last name)

25. Attendant's OWN signature Maud Martin **M.D. Address** _____ **Data** Sept 12-1947
Midwife

State of _____ **ss.** **AFFIDAVIT**
County of _____ (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth, _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.
(First name) (Last name) (Is now deceased) or (Cannot be located)

Signature

P. O. Address
Subscribed and sworn to before me this _____ day of _____, 19_____
(SEAL)
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on SEP 16 1947 by John W. Wright, Registrar

SEP 16 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

385 324 028 614
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

440897
State File No. 440897
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Kootenai</u> (b) City <u>Rathdrum</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>4</u> years <u>4</u> months <u>4</u> days		2. USUAL RESIDENCE OF MOTHER (At time of birth) (a) State <u>Idaho</u> (b) County <u>Kootenai</u> (c) City <u>Rathdrum</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho <u>12</u> yrs.	
4. FULL NAME OF CHILD <u>Goidia Lucille Cheek</u>		5. Date of Birth of Child (Month, day, year) <u>Sept. 24, 1895</u>	
6. Sex <u>female</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>James Nelson Cheek</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>Missouri</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Artha Susan Waddell</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>34</u> yrs. 19. Birthplace <u>Tennessee</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

State of Idaho } ss.
County of Kootenai }
I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 51 years, and that Dr. Frank Wenz who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William H. Overbey Signature
Rathdrum, Idaho P. O. Address
Subscribed and sworn to before me this 20th day of September, 1947
(SEAL) _____, Notary Public, residing at Rathdrum
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on SEP 25 1947 by John W. Wright, Registrar

SEP 25 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

44-2177
442177

(Be sure the information is as of date of birth of THIS child.) State File No.
Local Reg. No.
Reg. Dist. No.

United States Department of Commerce Bureau of the Census DIVISION OF VITAL STATE OF IDAHO

1. PLACE OF BIRTH (All items HAVE TO be filled in)
(a) County Boise (b) City Placerville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Placerville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Placerville

4. FULL NAME OF CHILD Minnie Lola Maulding

5. Date of Birth of Child (Month, day, year) June 7, 1896

6 Sex F

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Albert Maulding

11. Color W. 12. Age at time of THIS birth 35 yrs.

13. Birthplace Iowa (City or town) (State or foreign country)

14. Exact Occupation Lumberman

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alma Adams

17. Color W. 18. Age at time of THIS birth 32 yrs.

19. Birthplace Carlinville Illinois (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature C. E. Fairhead M.D. Address Bentonville Idaho Date 9/23/47

State of ss. (To be completed when the attendant does not sign in Item 25.)
County of (Mother, etc.)
I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth. I further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record under Chapter 139, 1937 Session Laws.

Signature
P. O. Address
Subscribed and sworn to before me this day of , 19.
(SEAL), Notary Public, residing at.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on September 24, 1947 by Mrs. E. S. Robinson Registrar

SEP 30 1947

AUG 27 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

318-2051022-236

442199

442199

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Replung
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 15 years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Replung
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

4. **FULL NAME OF CHILD** Alice Genieve Cahoon

3. **RESIDENCE OF FATHER** (city, state) Replung, Ida.
5. Date of Birth of Child
(Month, day, year) 6-5-1895

6 Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Ernest Cahoon
11. Color or Race White 12. Age at time of THIS birth 21 yrs.
13. Birthplace Murray, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rhoda Helen Stoddard
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Richmond, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Midwife _____ Date _____

State of California } ss.
County of Los Angeles }

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears (Mother, etc.)
in Item 4, above, that I am now 72 years of age, that I have known this person for since birth years, and that Rhoda Helen Cahoon who attended this birth _____ I further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

My Commission Expires July 18, 1940

Rhoda Helen Cahoon Signature
6217 N Side Drive Los Angeles Address

Subscribed and sworn to before me this 30th day of September 19 47

(SEAL)

Samuel J. Zachary Notary Public, residing Los Angeles, Calif.
(Note: Perjury is punishable as a felony in Idaho see Sec. 17-214, Idaho Code Annotated.)

My Commission Expires July 18, 1940

Received for filing on Oct 1 6 1947 by John W. Wright, Registrar

OCT 7 1947

MAR 22 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

599-108-006-613

United States (Be sure the information is as of date of birth of THIS child.) State File No. DE48-0321
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
MAY 21 1948
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: At Home
(e) Mothers stay **BEFORE** delivery:
In THIS county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot
4. **FULL NAME OF CHILD** William Seth Erickson
5. Date of Birth of Child Oct. 8, 1895
(Month, day, year)

6 Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** John Erickson, Jr.
11. Color white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Hedemora, Sweden
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Sarah Ann Walker
17. Color white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Ogden, Utah
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Jefferson }
I, the undersigned, being first duly sworn, say that I am the uncle of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 45 years, and that Miss Bird who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Burton B. Ellsworth Signature
Jeppville Idaho P. O. Address

Subscribed and sworn to before me this 20th day of May 1948
(SEAL) George M. Carson Notary Public, residing at Menan, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-14, Idaho Code Annotated.)

Received for filing on MAY 24 1948 by John W. Wright Registrar

MAY 24 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

814-216-035-515

United States (Be sure the information is as of date of birth of THIS child.) State File No. DE48-0384
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Polk, Oregon (b) City Kendrick
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: At home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Polk, Oregon
(c) City Kendrick
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kendrick Idaho

4. **FULL NAME OF CHILD** Ruth Bryan Hamilton

5. Date of Birth of Child Idaho
(Month, day, year) January 1895

6 Sex Female 7. Twin or Triplet 1st, 2nd, 3rd If so—born 8. No. months of Pregnancy Thursday 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Lewis Hamilton
11. Color White 12. Age at time 38
or Race of THIS birth yrs.
13. Birthplace Macon, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business General farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Adeline Vantine
17. Color White 18. Age at time 36
or Race of THIS birth yrs.
19. Birthplace Henderson Co. Ill.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife

State of Oregon } ss. **AFFIDAVIT**
County of Douglas }
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 58 years of age, that I have known this person for 53 years, and that
Doctor Stoneburger who attended this birth is deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Joseph Corner Hamilton Signature
Sutherlin, Oregon P. O. Address

Subscribed and sworn to before me this 25th day of May, 1951
(SEAL) Anita L Young Notary Public, residing at Boeing, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 11-914, Idaho Code Annotated.) **NOTARY PUBLIC FOR OREGON**
My Commission Expires Jan. 15, 1952

Received for filing on _____ by John W. Wright Registrar

FILE # FROM 384 TO DE48-0384 12/18/12 KMC

JUN 9 1948

JUL 28 1950

DELAYED REGISTRATION LAW

38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-218-039-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. DE48-0434

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County LATAH (b) City DEARY
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State IDAHO (b) County LATAH
(c) City DEARY
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address DECEASED

3. RESIDENCE of FATHER (city, state): DEARY, IDAHO

4. FULL NAME OF CHILD ANNA BENSON

5. Date of Birth
(Month, day, year) DEC. 18, 1945

6. Sex FEMALE 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME JOHN BENSON
11. Color or Race WHITE 12. Age at time of THIS birth 34 yrs.
13. Birthplace NORWAY
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business _____

16. FULL MAIDEN NAME HELEN MARIE JOHNSON
17. Color or Race WHITE 18. Age at time of THIS birth 29 yrs.
19. Birthplace OSLO NORWAY
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JUN 23 1946 (Mother, etc.)
(Date received) (Registrar's signature) Attendant's
OWN signature _____ M.D.
(D.O., Midwife, etc.)
27. Given name added on _____ by _____ and address _____ Date _____
(Registrar's signature)

State of IDAHO
County of LATAH } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, HENRY W. BENSON, being first duly sworn, say that I am RELATED TO
ANNA BENSON as BROTHER (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that MRS. DAHLGREN, who attended said birth DECEASED (Name of attendant at birth) and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Notary Public for the State of Idaho
residing at Potlatch, Idaho

Henry W. Benson Signature

Subscribed and sworn to before me on this _____ day of _____, 1948

Notary Public, residing at Stitch P. O. Address _____

(SEAL)

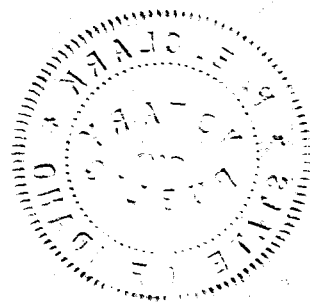
JUN 23 1948

JUN 23 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0497

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County. Ada (b) City. Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State. Idaho (b) County. Ada
(c) City. Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

4. **FULL NAME OF CHILD** Donald H. Eagleson

5. Date of Birth of Child
(Month, day, year) May 1, 1895

6 Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John W. Eagleson
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Cadiz, Ohio
(City or town) (State or foreign country)
14. Exact Occupation Lumber Business
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effa Hale
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho }
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 79 years of age, that I have known this person for life years, and that
Dr. Bowers, who attended this birth deceased, I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

John W. Eagleson Signature
P. O. Address

Subscribed and sworn to before me this 15th day of July, 1948

(SEAL)

Mark E. Eddins, Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 15 - 1948 by John W. Wright, Registrar

JUL 16 1948

NOV 29 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-220-001-751

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certificate copy requires in advance payment of fifty cents, money order or coll.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0518

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 9th & Jefferson
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In THIS county years 27 months 8 days 20
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 9th & Jefferson
(e) How long has **MOTHER** lived in Idaho? 26 yrs, 1 mo
3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho
4. **FULL NAME OF CHILD** Permeal Effie Hammer
5. Date of Birth of Child
(Month, day, year) August 20, 1895
- 6 Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 mo 9 Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Franklin Hammer
11. Color or Race White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Ft. Scott, Kansas
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business _____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Luella Peacock
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Junction City, Montana
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ who is related as _____
(First name) (Last name)
(Mother, etc.)
25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

AFFIDAVIT

- State of _____ ss. (To be completed when the attendant does not sign in Item 25.)
County of _____
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 52 years, and that Dr. Fairchild who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
(First name) (Last name)
(Is now deceased) or (Cannot be located)

Mrs. Effie L. Hammer Signature
16 N. 8th St. P. O. Address
Subscribed and sworn to before me this 24th day of July, 1948.
John W. Wright Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 26, 1948 by John W. Wright Registrar

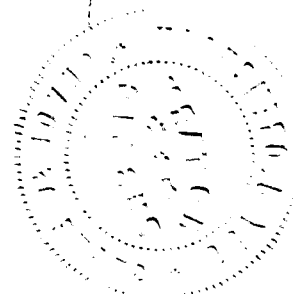
JUL 27 1948

FILE # FROM 518 TO DE48-0518 12/24/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



819-215-011-859

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0522

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Boundary (b) City Bonniers Ferry

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: Home at residence

(e) Mothers stay BEFORE delivery:

In THIS county 0 years 9 months 15 days

4. FULL NAME OF CHILD

Clara Bertha Hartman6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Boundary(c) City Bonniers Ferry

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 31 yrs.3. RESIDENCE OF FATHER (city, state) Bonniers Ferry, Idaho5. Date of Birth of Child (Month, day, year) Feb. 15, 189510. FULL NAME Charles Wm Hartman11. Color white12. Age at time of THIS birth 30 yrs.13. Birthplace Spöck, Baden Germany

(City or town)

(State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

16. FULL MAIDEN NAME

Lena Fredericka Hertel17. Color white18. Age at time of THIS birth 24 yrs.19. Birthplace Zeischelhausen Germany

(City or town)

(State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11 P.M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Lena Fredericka Hartman

(First name)

(Last name)

who is related as mother

(Mother, etc.)

25. Attendant's OWN signature

M.D. Address Date
MidwifeState of Idaho ss.
County of Lewis

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for all her life years, and thatDoctor who attended this birth now deceased I further

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lena Fredericka Hartman Signature

Nezperce, Idaho

P.O. Address

Subscribed and sworn to before me this 19 day of July, 1948

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1948 by John W. Wright Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 27 1948

FILE # FROM 522 TO DE48-0522 12/24/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-208-036 RECEIVED
319 JUL 24 1948
United States Department of Commerce Bureau of the Census DIVISION OF VITAL STATISTICS
STATE OF IDAHO
Be sure the information is as of date of birth of THIS child.)
State File No. DE48-0528
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All information of this birth)
(a) County Oneida (b) City Clifton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay BEFORE delivery: In THIS county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Clifton
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Clifton, Idaho
4. FULL NAME OF CHILD INGRA ELIZABETH DAVIS
5. Date of Birth of Child (Month, day, year) 8-8-1895
6 Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME JOHN WESLEY DAVIS
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Plumhollow, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME MARY CARISON
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Corinne, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)
25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

State of California County of Los Angeles ss. (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now _____ years of age, that I have known this person for 52 years, and that Jane Howell who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

AFFIDAVIT
Mary Davis Hadley Signature
1150 5th Street, Santa Monica, Calif. O. Address
Subscribed and sworn to before me this 12th day of May 1948
(SEAL) Lawrence Vernon Bender Notary Public, residing at Santa Monica, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on JUL 27 1948 by John W. Wright Registrar

JUL 27 1948

FILE # FROM 528 TO DE48-0528 12/24/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

864-218 RECEIVED JUL 2 1948

United States Department of Commerce Bureau of the Census DIVISION OF VITAL STATISTICS STATE OF IDAHO

State File No. DE48-0532
Local Reg. No. 177
Reg. Dist. No. 630

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rehburg
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rehburg
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.

3. RESIDENCE OF FATHER (city, state) Rehburg Idaho

4. FULL NAME OF CHILD Ethel Ada Young

5. Date of Birth of Child (Month, day, year) Nov. 18, 1895

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? _____

FATHER OF CHILD

10. FULL NAME James Russel Young

11. Color or Race White 12. Age at time of THIS birth 35 yrs.

13. Birthplace Scotland (City or town) (State or foreign country)

14. Exact Occupation Cattle buyer

15. Industry or Business Glamm & Co

MOTHER OF CHILD

16. FULL MAIDEN NAME Ann Elizabeth Taylor

17. Color or Race White 18. Age at time of THIS birth 34 yrs.

19. Birthplace England (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____

23. Number of children of this mother: (a) At time of birth and including this child 6. (b) Born alive and now living 6.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____ Midwife _____

State of Idaho County of Valley } ss. (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 53 years, and that Christina Walz who attended this birth is deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

32 Bellevue Ave - Joseph Taylor Jones Signature
Piedmont 11 California P. O. Address

Subscribed and sworn to before me this 21st day of July, 1948
(SEAL) Gladys G. Shelton Notary Public, residing at McCull Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

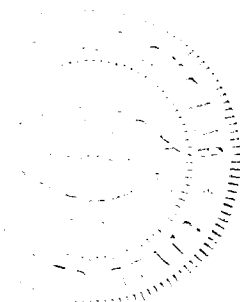
Received for filing on July 23 - 1948 by Mrs H E Young, Registrar

JUL 29 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-222 RECEIVED
001-465 AUG 2 1948
United States Department of Commerce Bureau of the Census
The information is as of date of birth of THIS child.)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0553
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 12th & Main
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 12th & Main
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Mary Edith Benson

5. **Date of Birth of Child**
(Month, day, year) July 22, 1895

6. **Sex** Female

7. **Twin or Triplet** Triplet If so—born 1st, 2nd, 3rd

8. **No. months of Pregnancy** 9

9. **Legitimate?** Yes

FATHER OF CHILD

10. **FULL NAME** David Rounds Benson

11. **Color or Race** White

12. **Age at time of THIS birth** 22 yrs.

13. **Birthplace** North Powder Oregon
(City or town) (State or foreign country)

14. **Exact Occupation** Teamster

15. **Industry or Business**

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosa Nellie Monrose

17. **Color or Race** White

18. **Age at time of THIS birth** 21 yrs.

19. **Birthplace** Appleton Mo.
(City or town) (State or foreign country)

20. **Exact Occupation** Housewife

21. **Industry or Business**

22. **Name prophylactic used to prevent Ophthalmia Neonatorum**

23. **Number of children of this mother:** (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. **Attendant's OWN signature** **M.D. Address** **Date**
Midwife

State of Washington } ss.
County of King }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 53 years, and that mid wife who attended this birth is now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa Nellie Culver Signature
17126 15th N. E. Seattle P. O. Address

Subscribed and sworn to before me this 30th day of July, 1948

(SEAL) Geo. H. Hinrichsen Notary Public, residing at Seattle Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on AUG 4 1948 by John W. Wright Registrar

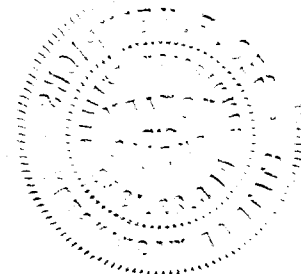
AUG 4 1948

FILE # FROM 553 TO DE48-0553 12/26/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



219-228-035 RECEIVED
1913 AUG 18 1948
United States Department of Commerce Bureau of the Census
Be sure the information is as of date of birth of THIS child.
State File No. DE48-0588
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
DIVISION OF VITALS
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Leuriston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 30 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Leuriston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state)
4. **FULL NAME OF CHILD** Thelma Baird
5. Date of Birth of Child (Month, day, year) Apr. 28, 1895
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** William Baird
11. Color or Race White 12. Age at time of THIS birth 60 yrs.
13. Birthplace Binghamton, N. Y.
(City or town) (State or foreign country)
14. Exact Occupation Livery
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Alice Florila Hale
17. Color or Race White 18. Age at time of THIS birth 40 yrs.
19. Birthplace Bangor, Maine
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living.

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at A. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Edna B. Neill
(First name) (Last name)
who is related as cousin
(Mother, etc.)

25. Attendant's **OWN** signature Edna B. Neill M.D. Address Date
Midwife

State of Idaho County of Nez Perce } ss. (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that
(First name) (Last name) who attended this birth _____ I further
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire, to have this birth record-
ed under Chapter 139, 1937 Session Laws.

AFFIDAVIT
Subscribed and sworn to before me this 10 day of August, 1948.
(SEAL) Edna B. Neill
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
CLERK OF THE DISTRICT COURT AND EX-OFFICIO NOTARY PUBLIC, RESIDING AT _____, IDAHO
Received for filing on August 18, 1948 by John W. Wright Registrar

AUG 19 1948

FILE # FROM 588 TO DE48-0588 12/27/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693-226-003-572
RECEIVED
SEP 16 1948
UNITED STATES
Department of Commerce
Bureau of the Census
DIVISION OF VITAL STATISTICS
STATE OF IDAHO

(Be sure the information is as of date of birth of THIS child.)

State File No. DE48-0736
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)
(a) County. BLAINE (b) City. Ketchum
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: HOME
(e) Mothers stay BEFORE delivery:
In THIS county _____ years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State. Idaho (b) County. BLAINE
(c) City. Ketchum
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Ketchum, Idaho

4. FULL NAME OF CHILD Lesley Edith Williams

5. Date of Birth of Child (Month, day, year) MARCH 26, 1895

6 Sex FEMALE 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____ 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME Edward Breck Williams

11. Color or Race White 12. Age at time of THIS birth 38 yrs.

13. Birthplace North Anson MAINE
(City or town) (State or foreign country)

14. Exact Occupation Postmaster and

15. Industry or Business Merchant

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Easley

17. Color or Race White 18. Age at time of THIS birth 28 yrs.

19. Birthplace Stage Station on East River
(City or town) (State or foreign country)

20. Exact Occupation Housewife and Mother

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at 12:05 PM on the date (Born alive, stillborn) Nellie Williams and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Twin Falls }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears (Mother, etc.) in Item 4, above, that I am now 81 years of age, that I have known this person for 53 years, and that Dorcas Brown who attended this birth is now deceased. I further (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Nellie Easley Williams Signature
136 - 7th Ave East P. O. Address

Subscribed and sworn to before me this 13 day of SEPTEMBER 1948
(SEAL) Harry Benoit Notary Public, residing at Twin Falls
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 17, 1948 by John W. Wright Registrar
W. H. B.

SEP 18 1948

FILE # FROM 736 TO DE48-0736 1/9/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

154-126-025-319
RECEIVED
United States (Be sure the information is as of date of birth of THIS child.) State File No. DE48-0764
Department of Commerce
Bureau of the Census
OFFICE OF VITAL STATISTICS
CERTIFICATE OF BIRTH
STATE OF IDAHO
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Woodland</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county <u>18</u> years — months — days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Woodland</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>25</u> yrs.	
4. FULL NAME OF CHILD <u>Donald Harvey Anderson</u>		5. Date of Birth of Child (Month, day, year) <u>Oct. 26, 1929</u>	
6 Sex <u>Male</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate?
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Arthur William Anderson</u>		16. FULL MAIDEN NAME <u>Myrtle May Carr</u>	
11. Color <u>White</u> 12. Age at time of THIS birth <u>41</u> yrs.		17. Color <u>White</u> 18. Age at time of THIS birth <u>37</u> yrs.	
13. Birthplace <u>Ironwood Michigan</u> (City or town) (State or foreign country)		19. Birthplace <u>West Virginia</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>laborer</u>		20. Exact Occupation <u>House wife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>argyrol</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>7</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 5:00 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Myrtle Anderson
who is related as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature G. A. Bryan M.D. M.D. Address Harrison Idaho Date 9/2/18
Midwife

AFFIDAVIT

State of _____ } ss. (To be completed when the attendant does not sign in Item 25.)
County of _____ }
I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that who attended this birth _____ I further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. Q. Address

Subscribed and sworn to before me this _____ day of _____, 19 _____

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-10 Idaho Code.)
Notary Public residing at _____

Received for filing on Sept 24, 1948 by Mark Holter, Registrar

SEP 24 1948

FILE # FROM 764 TO DE48-0764 1/9/13 KMC

MAY 24 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

869-128-004-239

United States (Be sure the information is as of date of birth of THIS child.) State File No. DE48-0841
Department of Commerce VITAL CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>Beauregard</u>	(b) City <u>Montpelier</u>	(a) State <u>Ida</u>	(b) County <u>Beauregard</u>
(c) Street Address or R.F.D. No. <u>Ida</u>		(c) City <u>Montpelier</u>	
(d) Name of Hospital or Maternity Home:		(d) Street Address or R.F.D. No.	
(e) Mothers stay BEFORE delivery: In THIS county <u>4</u> years months days		(e) How long has MOTHER lived in Idaho? <u>4</u> yrs.	
4. FULL NAME OF CHILD <u>John Henry Horstley</u>		3. RESIDENCE OF FATHER (city, state) <u>Lama</u>	
5. Date of Birth of Child (Month, day, year) <u>12-28-95</u>		6. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet <u>1st</u> born <u>1st, 2nd, 3rd</u>		8. Legitimate? <u>Yes</u>	
9. Sex <u>Male</u>		9. Legitimate? <u>Yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Horstley</u>		16. FULL MAIDEN NAME <u>Lane Straw</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>28</u> yrs.		18. Age at time of THIS birth <u>29</u> yrs.	
13. Birthplace <u>Derbyshire England</u>		19. Birthplace <u>Nottinghamshire</u>	
(City or town) (State or foreign country)		(City or town) (State or foreign country)	
14. Exact Occupation <u>Fireman</u>		20. Exact Occupation <u>Housewife England</u>	
15. Industry or Business <u>Oregon Short Line RR</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>7</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

AFFIDAVIT

State of Oregon ss. (To be completed when the attendant does not sign in Item 25.)
County of Lincoln
I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 53 years, and that The Midwife who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 13th day of October, 1948.
(SEAL) Stanford Z. Barnes, Notary Public, residing at Lincoln, Oregon.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on Oct 18, 1948 by John W. Wright, Registrar

FILE # FROM 841 TO DE48-0841 1/15/13 KMC

OCT 18 1948 **MAR 30 1956**

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

239-223-008-593

United States (Be sure the information is as of date of birth of THIS child.) State File No. DE48-0894
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Boise</u> (b) City <u>Vannick</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boise</u> (c) City <u>Vannick</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	
4. FULL NAME OF CHILD <u>Mary Ellen Stickney</u>		5. Date of Birth of Child <u>Feb 23, 1895</u> (Month, day, year)	
6 Sex <u>girl</u>	7 Twin or Triplet _____	8. No. months of Pregnancy _____	9. Legitimate? _____
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Henry Muel Stickney</u>		16. FULL MAIDEN NAME <u>Mary Ellen Nickhus</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth _____ yrs.		18. Age at time of THIS birth <u>26</u> yrs.	
13. Birthplace <u>Detroit Michigan</u> (City or town) (State or foreign country)		19. Birthplace <u>Greenwater Oregon</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Cattle man</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) <u>At time of birth and including this child</u> <u>14</u> (b) <u>Born alive and now living</u> <u>14</u>			
ATTENDANT'S CERTIFICATE			
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)			
25. Attendant's OWN signature _____		M.D. Address _____	Date _____
State of <u>Idaho</u> County of <u>Ada</u>		ss.	
AFFIDAVIT (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the <u>Uncle</u> of the person whose name appears in Item 4 above, that I am now <u>73</u> years of age, that I have known this person for <u>53</u> years, and that <u>D. F. Tuttle</u> who attended this birth <u>is now deceased</u> I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.			
Subscribed and sworn to before me this <u>3rd</u> <u>day of</u> <u>March</u>		Signature <u>Earl P. Stickney</u> <u>2109 Kenney, Boise</u> P. O. Address	
(SEAL) _____		Notary Public, residing at <u>Boise, Idaho</u>	
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)			
Received for filing on <u>Feb 24, 1948</u> by <u>John W. Wright</u> Registrar			

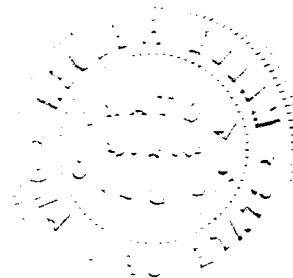
NOV 3 1948

FIEL # FROM 894 TO DE48-0894 1/16/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



STATE OF WASHINGTON,

GENERAL AFFIDAVIT

County of Jefferson

ss.

Joseph Oliver Stickney being first duly sworn on oath deposes and says:

That Mary Ellen Stickney Masonholder was born February 23, 1895 in Vanwick, Boise County, Idaho.

That I am her brother. I was born March 16, 1889 and I remember the birth of my sister.

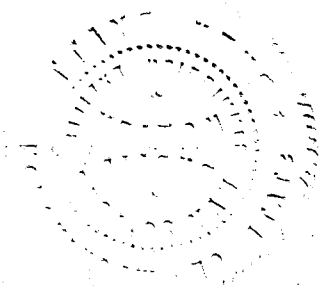
Subscribed and sworn to before me this 24th day of September, 19 48

Notary Public in for the State of Washington residing at Quilcene

NOV 3 1948

AFFIDAVIT
GENERAL FORM

--	--	--	--	--	--	--	--	--	--



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0929

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>WASHINGTON</u> (b) City <u>WEISER</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>AT HOME</u> (e) Mothers stay BEFORE delivery: In THIS county years <u>3</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>WASH</u> (c) City <u>WEISER</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>56</u> yrs.	
4. FULL NAME OF CHILD <u>NYLE AMAZON BATTIN</u>		5. Date of Birth of Child (Month, day, year) <u>MAR 19, 1945</u>	
6. Sex <u>MALE</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy	9. Legitimate? <u>YES</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>JESSIE RICHARD BATTIN</u>		16. FULL MAIDEN NAME <u>EMMA FRANCIS BATTIN</u>	
11. Color or Race <u>WHITE</u>		17. Color or Race <u>WHITE</u>	
12. Age at time of THIS birth yrs.		18. Age at time of THIS birth yrs.	
13. Birthplace <u>INDIANA</u> (City or town) (State or foreign country)		19. Birthplace <u>ILLINOISE</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>COAL LABOR</u>		20. Exact Occupation <u>HOUSE WIFE</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>THREE</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>THREE</u> born alive and now living <u>TWO</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature **M.D. Address** **Date**

AFFIDAVIT

State of Oregon County of Washington (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 55 years, and that (Mother, etc.) who attended this birth I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this day of 1948

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on December 17, 1948 by

E. M. Higbannon Signature
818 21st St. Portland, Ore. P. O. Address

John W. Wright Registrar

FILE # FROM 929 TO DE48-0929 1/18/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-121
836-455 RECEIVED

United States
Department of Commerce
Bureau of the Census

(Secure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1078
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)
(a) County ONEIDA (b) City WESTON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 17 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ONEIDA
(c) City WESTON
(d) Street Address or R.F.D. No. RFD.
(e) How long has MOTHER lived in Idaho? 17 yrs.

4. FULL NAME OF CHILD HYRUM ALLEN SMITH.

5. Date of Birth of Child 7-21-1895
(Month, day, year)

6 Sex MALE 7. Twin or Triplet If so—born 1st, (2nd) 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES.

FATHER OF CHILD

10. FULL NAME Thomas ALLEN SMITH.
11. Color or Race WHITE 12. Age at time of THIS birth 26 yrs.
13. Birthplace FARMINGTON UTAH
(City or town) (State or foreign country)
14. Exact Occupation FARMING.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME CELIA MAY DEES.
17. Color or Race WHITE 18. Age at time of THIS birth 17 yrs.
19. Birthplace WESTON IDAHO.
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ Address _____ Midwife _____

State of CALIFORNIA
County of CONTRA COSTA ss.

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 53 years, and that BOHETTA JENSEN who attended this birth IS NOW DECEASED further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Celia M. Smith Signature
Po Box 94 San Gabriel Address
JANUARY 1949 Calif

Subscribed and sworn to before me this 8th day of _____, Notary Public, residing at RICHMOND, CALIF.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 12, 1949 by H W Benson Registrar

JAN 13 1949

FILE # FROM 1078 TO DE49-1078 2/1/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

253-202 RECEIVED
JAN 28 1949
United States Department of Commerce Bureau of the Census
DIVISION OF VITAL STATISTICS
STATE OF IDAHO
State File No. DE49-1118
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
None. (Birth in home of parents.)
(e) Mothers stay BEFORE delivery:
In THIS county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho?.....yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Id.

4. FULL NAME OF CHILD Nina Zanette Belden

5. Date of Birth of Child
(Month, day, year) June 2, 1895.

6 Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick Belden

11. Color or Race White 12. Age at time of THIS birth 29 yrs.

13. Birthplace Indiana
(City or town) (State or foreign country)

14. Exact Occupation Unemployed

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Grace Little

17. Color or Race White 18. Age at time of THIS birth 21 yrs.

19. Birthplace Zanesville, Ohio
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of California } ss.
County of Alameda }

I, the undersigned, being first duly sworn, say that I am the friend of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 71 years of age, that I have known this person for 48 years, and that
the midwife (name unknown) who attended this birth cannot be located. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Ruth E. Petersen Signature
555-33rd St., Oakland, Calif. P. O. Address

Subscribed and sworn to before me this 20th day of January, 1949

(SEAL) M. M. Russett Notary Public, residing at Oakland, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires Nov. 25, 1950

Received for filing on Jan 28, 1949 by W. W. Benson, Registrar

JAN 31 1949

MAR 3 1959

FILE # FROM 1118 TO DE49-1118 2/6/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-222-008-147

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1235
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>Boise</u>	(b) City <u>Ola</u>	(a) State <u>Idaho</u>	(b) County <u>Boise</u>
(c) Street Address or R.F.D. No. <u>X</u>		(c) City <u>Ola</u>	
(d) Name of Hospital or Maternity Home: <u>None</u>		(d) Street Address or R.F.D. No. <u>X</u> <u>20</u>	
(e) Mothers stay BEFORE delivery: In THIS county <u>X</u> <u>4</u> years months days		(e) How long has MOTHER lived in Idaho? <u>X</u> <u>15</u> yrs.	
4. FULL NAME OF CHILD <u>MARY A. SCHRECONGOST</u>		5. Date of Birth of Child (Month, day, year) <u>Aug. 22, 1895</u>	
6 Sex <u>Female</u>	7. Twin or Triplet <u>X</u>	8. No. months of Pregnancy <u>9</u> mos	
If so—born 1st, 2nd, 3rd <u>X</u>		Legitimate? <u>Yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>ANDERSON MARTIN SCHRECONGOST</u>		16. FULL MAIDEN NAME <u>ANNA AUGUSTASCHNA BLE</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>27</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>27</u> yrs.
13. Birthplace <u>Bryan Pennsylvania</u> (City or town) (State or foreign country)		19. Birthplace <u>Coatsburg Illinois</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Teacher & Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>X</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u>		(b) Born alive and now living <u>3</u>	

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____ Midwife _____

State of Idaho } ss. _____
County of Gem }

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 45 1/2 years, and that Mrs. Beal & Mrs. Perron who attended this birth Both deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna A. Schrecongost Signature
Emmett Idaho P. O. Address

Subscribed and sworn to before me this 7 day of March 19 49
(SEAL) Nellie P. Reed Notary Public, residing at Emmett Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 10, 1949 by W. W. Benson Registrar

MAR 10 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

289-125-224
RECEIVED
MAR 1 1949
DEPT. OF VITAL STATISTICS

The information is as of date of birth of THIS child.)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1258
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Lava Hot Spgs</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>✓</u> (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Lava Hot Spgs</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs <u>Ida</u>	
4. FULL NAME OF CHILD <u>Herbert Edward Byington</u>		5. Date of Birth of Child (Month, day, year) <u>Sept 25 - 1895</u>	
6 Sex <u>male</u>	7. Twin or Triplet <u>✓</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>John Henry Byington</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>Ogden Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Lucinda Byington</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>20</u> yrs. 19. Birthplace <u>Horton Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at M. on the date
(Born alive, ~~deceased~~)
and at the place stated above, and that personal particulars were furnished by Lucinda Byington
(First name) (Last name)
who is related as mother
(Mother, etc.)
25. Attendant's M.D. Address Date
OWN signature Midwife

AFFIDAVIT

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Bannock }
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 24 years of age, that I have known this person for 54 years, and that
Nancy Byington, who attended this birth is now deceased. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Lucinda Byington Holberton Signature
P. O. Address

Subscribed and sworn to before me this 15 day of March 1949
(SEAL) Notary Public, Notary Public, residing at Lava Hot Spgs
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code (annotated).)

Received for filing on March 17, 1949 by W. W. Benson Registrar

MAR 17 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

692-131
029-466

RECEIVED
MAR 30 1941

Be sure the information is as of date of birth of THIS child.)

United States Department of Commerce
Bureau of the Census

DIVISION OF VITAL STATISTICS
STATE OF IDAHO

State File No. DE49-1302
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Moscow
(c) Street Address or R.F.D. No. Jefferson St.
(d) Name of Hospital or Maternity Home: Family Residence
(e) Mothers stay BEFORE delivery:
In THIS county 4 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. Jefferson St.
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Id.

4. FULL NAME OF CHILD Byron Boyd Winwell

5. Date of Birth of Child (Month, day, year) Aug. 31-1934

6. Sex male 7. Twin or Triplet no If so - born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward R. Winwell

11. Color or Race White 12. Age at time of THIS birth 37 yrs.

13. Birthplace Astabula Ohio
(City or town) (State or foreign country)

14. Exact Occupation Lawyer - Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosa Cone Moore

17. Color or Race White 18. Age at time of THIS birth 27 yrs.

19. Birthplace Rockland Indiana
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

State of Idaho County of Latah ss. (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 53 years, and that Doctor Watkins who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Signature Miss Nora Kessick P. O. Address 513 E. 6th Moscow Id.

Subscribed and sworn to before me this 26 day of March 1941

(SEAL) _____, Notary Public, residing at Moscow Id.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 30, 1941 by W. L. Benson, Registrar

MAR 30 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

749-219-037-863

RECEIVED

MAY 20 1949

United States
Department of Commerce
Bureau of the Census

OFFICE OF VITAL STATISTICS

CERTIFICATE OF BIRTH
STATE OF IDAHO

Ensure the information is as of date of birth of THIS child.)

State File No. DE49-1469

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth) (a) County <u>Boysie</u> (b) City <u>Boysie</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boysie</u> (c) City <u>Boysie</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>28</u> yrs. <u>43</u>	
4. FULL NAME OF CHILD <u>Stella Purdue</u>		5. Date of Birth of Child (Month, day, year) <u>Dec 19th 1895</u>	
6. Sex <u>Female</u>	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>
10. FULL NAME <u>Frank N. Purdue</u>		16. FULL MAIDEN NAME <u>Heta Marsha Holverson</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>37</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>28</u> yrs.
13. Birthplace <u>Davenport Iowa</u> (City or town) (State or foreign country)		19. Birthplace <u>Boysie County Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>House Wife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.			
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>yes</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Washington } ss.
County of Spokane }

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4 above, that I am now 58 years of age, that I have known this person for 54 years, and that Ina Pennington who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

(Mother, etc.)

Mrs. Jessie Montfort Signature
631 N. Regal St P. O. Address
Boysie

Subscribed and sworn to before me this 17th day of May 1949

(SEAL)

James F. Jensen Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Wash.

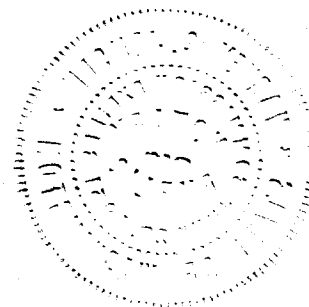
Received for filing on May 20, 1949 by Letitia B. Jensen Registrar

MAY 20 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

291-226-022-577
RECEIVED
MAY 20 1949
United States **DIVISION OF VITAL STATISTICS** **CERTIFICATE OF BIRTH**
Department of Commerce **STATE OF IDAHO**
Bureau of the Census
State File No. DE49-1473
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? _____ yrs.

3. **RESIDENCE OF FATHER** (city, state)
4. **FULL NAME OF CHILD** LaRetta Martha-Ann Bramwell
5. Date of Birth of Child (Month, day, year) Jan. 26, 1895
6 Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy _____ 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Franklin Stevenson Bramwell
11. Color White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Sheffield, England
(City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Emily Egginson
17. Color White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Birmingham, England
(City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife

State of Oregon } ss. **AFFIDAVIT**
County of Union }
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 63 years of age, that I have known this person for all her life years, and that
_____, who attended this birth _____ I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Signature
Union, Oregon P. O. Address _____
Subscribed and sworn to before me this 6 day of May, 1949
(SEAL) _____, Notary Public, residing at Union, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires Jan. 4, 1954

Received for filing on May 20, 1949 by W. W. Benson, Registrar

MAY 20 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE49-1521

Local Reg. No. _____

Reg. Dist. No. _____

RECEIVED

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH (All items <u>REQUIRED</u> of this birth) (a) County <u>Bear Lake</u> (b) City <u>Georgetown</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bear Lake</u> (c) City <u>Georgetown</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>3</u> yrs.	
4. FULL NAME OF CHILD <u>Evan Fowles Smith</u>		5. Date of Birth of Child (Month, day, year) <u>March 2, 1895</u>	
6 Sex <u>Male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
10. FULL NAME <u>Frank H. Smith</u>		16. FULL MAIDEN NAME <u>Eunice Fuller</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>27</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>23</u> yrs.
13. Birthplace <u>Salt Lake City, Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>Salt Lake City, Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Utah } ss. (To be completed when the attendant does not sign in Item 25.)
County of Salt Lake }
I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for life years, and that who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 31st day of May, 1949.
(SEAL) Frederick J. White Notary Public, residing at 424 - 4th Ave Salt Lake City, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on June 9, 1949 by W. Benson Registrar

JUN 9 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

312-226-007-534

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1633
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Blaine</u> (b) City <u>Carey</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In <u>THIS</u> county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Carey</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>7</u> yrs.	
4. FULL NAME OF CHILD <u>Minnie Irene Case</u>		5. Date of Birth of Child (Month, day, year) <u>May 26, 1895</u>	
6 Sex <u>Female</u>	7. Twin or Triplet <u>1st, 2nd, 3rd</u>	8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Arthur Byron Case</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>26</u> yrs. 13. Birthplace <u>Salt Lake City, Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Merchant</u> 15. Industry or Business <u>Store - General Merchandise</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Minnie May Eldredge</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>16</u> yrs. 19. Birthplace <u>Coalville, Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

AFFIDAVIT

State of IDAHO } ss. (To be completed when the attendant does not sign in Item 25.)
County of Ad }
I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 54 years, and that Mrs. James Carey who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
(First name) (Last name) (Is now deceased) or (Cannot be located)

Mrs. Martha Arthur Signature
914 No. 20th St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of June, 1949.
(SEAL) James Carey, Notary Public, residing at Boise, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 11, 1949 by W. W. Benson, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUL 12 1949

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

144-121-006 RECEIVED
United States **646** (Be sure the information is as of date of birth of THIS child.) State File No. **DE49-1634**
Department of Commerce **JUL 11 1949** **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census **DIVISION OF VITAL** **STATE OF IDAHO** Reg. Dist. No.

1. PLACE OF BIRTH (At time of birth) (a) County Bingham (b) City Pocatello (c) Street Address or R.F.D. No. 517 So. Main St. (d) Name of Hospital or Maternity Home: None - At home (e) Mothers stay BEFORE delivery: In THIS county 5 years 8 months 25 days		2. USUAL RESIDENCE OF MOTHER (At time of birth) (a) State Idaho (b) County Bingham (c) City Pocatello (d) Street Address or R.F.D. No. 517 So. Main St. (e) How long has MOTHER lived in Idaho? 6 yrs.	
4. FULL NAME CLARENCE AMUNDSEN OR CHILD		5. Date of Birth of Child (Month, day, year) July 21, 1895	
6 Sex Male	7. Twin or Triplet No. If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy 9	9. Legitimate? Yes
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME Erick Amundsen		16. FULL MAIDEN NAME Julia Omott	
11. Color or Race White		17. Color or Race White	
12. Age at time of THIS birth 38 yrs.		18. Age at time of THIS birth 33 yrs.	
13. Birthplace Oslø, Norway, Europe (City or town) (State or foreign country)		19. Birthplace Osterdalen, Norway, Europe (City or town) (State or foreign country)	
14. Exact Occupation Foreman, Store Department		20. Exact Occupation Housewife	
15. Industry or Business O.S.L. R.R. Co.		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.....			
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4			
ATTENDANT'S CERTIFICATE			
24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)			
25. Attendant's OWN signature		M.D. Address Midwife	Date
State of Idaho		AFFIDAVIT	
County of Bannock		ss. (To be completed when the attendant does not sign in Item 25.)	
I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears (Mother, etc.) in Item 4, above, that I am now 58 plus years of age, that I have known this person for 53 plus years, and that Dr. H.A. Castle who attended this birth is now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and, that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.			
Subscribed and sworn to before me this 9th day of June , 19 49		Signature Arthur Amundsen Address 541 West Young Street, Pocatello, Idaho	
(SEAL) W. J. Benson		Notary Public, residing at Pocatello, Idaho.	
(Note: Perjury is punishable as a felony in Idaho see Sec. 17-914, Idaho Code Annotated.)			
Received for filing on July 11, 1949 by W. J. Benson Registrar			

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUL 12 1949

DEC 11 1951

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

132-216-004-653
RECEIVED
United States (Be sure the information is as of date of birth of THIS child.) State File No. DE49-1664
Department of Commerce JUL 25 1949
Bureau of the Census DIVISION OF VITAL STATISTICS
Bureau of the Census DIVISION OF VITAL STATISTICS
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (At time of birth of this child)
(a) County Rear Lake (b) City Bloomington
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay BEFORE delivery:
In THIS county _____ years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Rear Lake Idaho (b) County Rear Lake
(c) City Bloomington
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.

4. FULL NAME OF CHILD Nora Ackroyd
5. Date of Birth of Child (Month, day, year) Dec. 16 1896
6. Sex female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy _____ 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Walter Ackroyd
11. Color or Race white 12. Age at time of THIS birth 49 yrs.
13. Birthplace Conisborough England
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Isabell Jane Walker
17. Color or Race white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Bloomington Idaho
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

County of Rear Lake } ss. (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 53 years, and that _____ who attended this birth 53 years I further

(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature _____
P. O. Address _____

Subscribed and sworn to before me this _____ day of _____ 1949

(SEAL)
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 26, 1949 by _____, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUL 26 1949

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

RECEIVED

AUG 8 - 1949

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1720

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>McCammon</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>yes</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>McCammon</u> (d) Street Address or R.F.D. No. <u>no number</u> (e) How long has MOTHER lived in Idaho? <u>75</u> yrs.	
4. FULL NAME OF CHILD <u>Sara Margaret Price</u>		5. Date of Birth of Child (Month, day, year) <u>6-22-95</u>	
6 Sex <u>female</u>	7. Twin or Triplet <u>1</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William H. Price</u>		16. FULL MAIDEN NAME <u>Rose Neeser</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth. <u>31</u> yrs.		18. Age at time of THIS birth. <u>29</u> yrs.	
13. Birthplace <u>Fairfield, Ohio</u> (City or town) (State or foreign country)		19. Birthplace <u>McCammon, Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Range rider</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business <u>for self</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 7:00AM on the date 8-4-49 and at the place stated above, and that personal particulars were furnished by Rose Price (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's OWN signature Rose Price **Address** 1405 N Garfield, Pocatello, Ida **Date** 8-4-49

State of Idaho
County of Bannock } ss.

Mother

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears (Mother, etc.)

in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth, I further

(First name) (Last name) (Is now deceased) or (Cannot be located)
state-that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 14th day of August, 1949

(SEAL)

_____, Notary Public, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 8, 1949 by W W Benson, Registrar

JUL 17 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AUG 9 1949

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

393-228-032-469

RECEIVED

OCT 12 1949

United States
Department of Commerce
Bureau of the Census

DIVISION OF VITAL STATISTICS

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1951
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 2 years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

4. **FULL NAME OF CHILD** Iva Myrtle Lile

3. **RESIDENCE OF FATHER** (city, state) Shoshone, Ida
5. Date of Birth of Child
(Month, day, year) Aug. 28, 1895

6 Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy _____ 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Waldo Lile
11. Color White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Benton County, Mo.
(City or town) (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business _____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Louise Morley
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Boston, Mass.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum Midwife
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife

State of Idaho } ss.
County of Canyon

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 69 years, and that have forgotten who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this _____ day of October, 1949
(SEAL) _____

_____, Notary Public, residing at Nampa, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 12, 1949 by _____, Registrar

W W Benson

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

859-215-028-249

RECEIVED

NOV 23 1949

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE49-2063

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Kootenai</u> (b) City <u>Rathdrum</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county <u>12</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Kootenai</u> (c) City <u>Rathdrum</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>12</u> yrs.	
4. FULL NAME OF CHILD <u>Dorothy Deane Heitman</u>		5. Date of Birth of Child (Month, day, year) <u>April 15, 1895</u>	
6 Sex <u>7</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Charles Lee Heitman</u>		16. FULL MAIDEN NAME <u>Stella Eva Smith</u>	
11. Color or Race <u>W</u>		17. Color or Race <u>W</u>	
12. Age at time of THIS birth <u>37</u> yrs.		18. Age at time of THIS birth <u>19</u> yrs.	
13. Birthplace <u>N. Carolina</u> (City or town) (State or foreign country)		19. Birthplace <u>Cheyenne Wyoming</u> (City & town) (State or foreign country)	
14. Exact Occupation <u>Attorney at Law</u>		20. Exact Occupation <u>House wife</u>	
15. Industry or Business		21. Industry or Business <u>Own Home</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Wash. } ss.
County of Spokane }
I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 54 years, and that Mrs. Lora Melder who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

(Mother, etc.)

(Is now deceased) or (Cannot be located)

Mrs. Addie Allbaugh Signature
W. B. G. Sumner P. O. Address

Subscribed and sworn to before me this 21st day of November, 1949
(SEAL) Ophe Olson Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 23, 1949 by W. B. Benson, Registrar

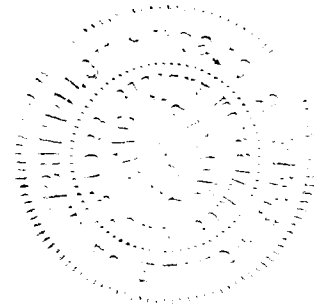
NOV 23 1957

MAY 24 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

394-226-029-265

RECEIVED

DEC 16 1949

United States **BUREAU OF VITAL STATISTICS**
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2134

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Kendrick</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>private home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>6</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Kendrick</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>18</u> yrs.	
4. FULL NAME OF CHILD <u>Opal Elva Crumpacker</u>		3. RESIDENCE OF FATHER (city, state <u>Kendrick, Ida.</u>)	
6. Sex <u>female</u>		5. Date of Birth of Child (Month, day, year) <u>Sept. 26, 1895</u>	
7. Twin or Triplet <u>Triplet</u>		8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>yes.</u>			
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Wm Ellis Crumpacker</u>		16. FULL MAIDEN NAME <u>Anna Bridget Sweeney</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>24</u> yrs.		18. Age at time of THIS birth <u>24</u> yrs.	
13. Birthplace <u>Weston Oregon</u> (City or town) (State or foreign country)		19. Birthplace <u>Hays Kansas.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Hotel clerk</u>		20. Exact Occupation <u>none</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10 A M. on the date Dec. 10, 1949 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Anna S. Crumpacker (First name) (Last name)
who is related as Mother (Mother, etc.)

25. Attendant's OWN signature Airabell Normandy **Address** Nezperce, Idaho. **Date** Dec. 10th. 1949

State of **County of** **ss.**
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

AFFIDAVIT

Subscribed and sworn to before me this day of 19.....

(SEAL)

Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 17, 1949 by W. W. Benson Registrar

MAY 8 1956

DEC 15 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE49-2154

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) City Blair
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Blair
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho 20 yrs.

4. **FULL NAME OF CHILD** Emma Cecelia Brown
5. Date of Birth of Child (Month, day, year) Jan. 8, 1895
6 Sex F. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** John Charles Brown
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Ottawa, Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Catherine Comer
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Grass Valley, Calif. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Asquid
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife

State of Washington } ss.
County of King }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears (Mother, etc.)

in Item 4, above, that I am now 57 years of age, that I have known this person for 54 years, and that a Mrs. Limberg or Limberg who attended this birth is now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John C. Brown Signature
1739-13 NW 1st St. P. O. Address

Subscribed and sworn to before me this 14th day of December, 1949

(SEAL) Kathryn A. Presley Notary Public, residing at Seattle, Wn.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 12-27-49 by W. B. Benson, Registrar

DEC 23 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De5-280
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Cecil Ruth Bidwell				2. Date (month) (day) (year) Of Birth October 10 1895	
	3. Color or Race white	4. Sex female	5. Place of Birth Idaho	a. County Ada	b. City or Town of Birth Boise	
FATHER	6. Full Name of Father Sterling Price Bidwell				7. State or Country of Father's Birth Texas	
MOTHER	8. Full Maiden Name of Mother Mary Magdalene Sharps				9. State or Country of Mother's Birth Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Cecil Ruth Bidwell</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>Aug 11</i> 19 <i>50</i>				11. Present Address of Registrant 937 E Halliday St Pocatello Idaho.	
	12. Signature of Notary <i>Frederic M. Thomas</i>				13. Notary Commission expires 5-15 1953.	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document Registration Record		By whom issued and signed Anna Keefe, Clerk of The District Court, Pocatello		Date issued 8-22-50
	Date of Birth 30 yrs old	Birth Place Idaho	Full Name of Mother		Date Orig. Entry 7-20-26
SUPPORTING RECORD 2.	Type of Document Application for Employment		By whom issued and signed Union Pacific R. R. Co.		Date issued 2-26-23
	Date of Birth Oct. 10, 1895	Birth Place Idaho	Full Name of Mother		Date Orig. Entry 2-26-23
SUPPORTING RECORD 3.	Type of Document Census Record		By whom issued and signed Department of Commerce Bureau of the Census		Date issued 9-13-50
	Date of Birth 6 yrs old	Birth Place Idaho	Full Name of Mother		Date Orig. Entry Census 1900

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by <i>Mark E. Eiden</i>	Date Filed 9-20-50

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DECEASED DATE OF BIRTH
CHARTER 11111111

SEP 21 1950



1. Name of deceased: [illegible]
2. Date of birth: [illegible]
3. Place of birth: [illegible]
4. Date of death: [illegible]
5. Cause of death: [illegible]
6. Name of informant: [illegible]
7. Address of informant: [illegible]
8. Date of report: [illegible]
9. Name of agent: [illegible]
10. Title of agent: [illegible]

1. Name of deceased: [illegible]
2. Date of birth: [illegible]
3. Place of birth: [illegible]
4. Date of death: [illegible]
5. Cause of death: [illegible]
6. Name of informant: [illegible]
7. Address of informant: [illegible]
8. Date of report: [illegible]
9. Name of agent: [illegible]
10. Title of agent: [illegible]

1. Name of deceased: [illegible]
2. Date of birth: [illegible]
3. Place of birth: [illegible]
4. Date of death: [illegible]
5. Cause of death: [illegible]
6. Name of informant: [illegible]
7. Address of informant: [illegible]
8. Date of report: [illegible]
9. Name of agent: [illegible]
10. Title of agent: [illegible]

1. Name of deceased: [illegible]
2. Date of birth: [illegible]
3. Place of birth: [illegible]
4. Date of death: [illegible]
5. Cause of death: [illegible]
6. Name of informant: [illegible]
7. Address of informant: [illegible]
8. Date of report: [illegible]
9. Name of agent: [illegible]
10. Title of agent: [illegible]

1. Name of deceased: [illegible]
2. Date of birth: [illegible]
3. Place of birth: [illegible]
4. Date of death: [illegible]
5. Cause of death: [illegible]
6. Name of informant: [illegible]
7. Address of informant: [illegible]
8. Date of report: [illegible]
9. Name of agent: [illegible]
10. Title of agent: [illegible]

1. Name of deceased: [illegible]
2. Date of birth: [illegible]
3. Place of birth: [illegible]
4. Date of death: [illegible]
5. Cause of death: [illegible]
6. Name of informant: [illegible]
7. Address of informant: [illegible]
8. Date of report: [illegible]
9. Name of agent: [illegible]
10. Title of agent: [illegible]

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-395
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth May Catherine Garner				2. Date Of Birth (month) (day) (year) July 24 1895	
	3. Color or Race White	4. Sex Female	5. Place of Birth Linden, Idaho		a. County Idaho	
FATHER	6. Full Name of Father Ruben Valentine Garner				7. State or Country of Father's Birth Kansas City, Mo.	
MOTHER	8. Full Maiden Name of Mother Jennie Thompson				9. State or Country of Mother's Birth Kansas City, Mo.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>May Catherine Garner</i>	
NOTARY (Seal)	Subscribed and sworn to before me on April 25 19 50				11. Present Address of Registrant 1334 Geneva Ave San Francisco Calif.	
					12. Signature of Notary <i>Charles Grover</i>	
					13. Notary Commission expires March 30 1953 19	

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Bible Record		By whom issued and signed Family Bible	Date issued	Date Orig. Entry July 24, 1895
	Date of Birth 7-24-1895	Birth Place Linden, Idaho	Full Name of Mother Jennie Thompson	Name of Father Ruben Valentine Garner	
SUPPORTING RECORD 2-	Type of Document Marriage Certificate		By whom issued and signed Ned H. Watt	Date issued 8-11-23	Date Orig. Entry 8-11-23
	Date of Birth 28 Yrs. old	Birth Place Linden, Idaho	Full Name of Mother Jennie Thompson	Name of Father Ruben Valentine Garner	
SUPPORTING RECORD 3-	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W W Benson</i>	Evidence reviewed by <i>Carol Bennett</i>	Date Filed 12-12-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

1895

DEC 12 1935



793-115-037-893 DELAYED CERTIFICATE OF BIRTH
 Department of Public Health
 Division of Vital Statistics
 Boise, Idaho
 STATE OF IDAHO

State File No. DE51-0427
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Robert Norient Gillespie</i>				2. Date (month) (day) (year) Of Birth <i>Feb.</i> <i>15,</i> <i>1895</i>		
	3. Color or Race <i>white</i>	4. Sex <i>M</i>	5. Place of Birth <i>Idaho</i>		a. County <i>Oneida</i>		
FATHER	6. Full Name of Father <i>Frank David Gillespie</i>				7. State or Country of Father's Birth <i>Utah</i>		
MOTHER	8. Full Maiden Name of Mother <i>Rhoda Hickman</i>				9. State or Country of Mother's Birth <i>Utah</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Robert W. Gillespie</i>		11. Present Address of Registrant <i>Box 200 Sparks, Nevada</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>January 4 1951</i>				12. Signature of Notary <i>[Signature]</i>		13. Notary Commission expires <i>January 1951</i>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <i>Certificate of Baptism & Confirmation</i>		By whom issued and signed <i>L. D. S. Church</i>		Date issued <i>May 6, 1916</i>	Date Orig. Entry <i>May 6, 1916</i>
	Date of Birth <i>Feb. 15, 1895</i>	Birth Place <i>Oreana, Ida.</i>	Full Name of Mother <i>Rhoda Hickman</i>		Name of Father <i>Frank D. Gillispie</i>	
SUPPORTING RECORD 2.	Type of Document <i>School Record</i>		By whom issued and signed <i>Boise Public Schools</i>		Date issued <i>12-15-50</i>	Date Orig. Entry <i>May 6, 1916</i>
	Date of Birth <i>9 yrs old</i>	Birth Place <i>in 1904- 1905</i>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	

QUALIFYING
INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by <i>Malcolm K. [Signature]</i>	Date Filed <i>1-9-51</i>

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

JAN 10 1951

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-455
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>VITULA MAE JEWETT</u>				2. Date (month) (day) (year) Of Birth <u>December 15</u> <u>1895</u>		
	3. Color or Race <u>White</u>	4. Sex <u>F</u>	5. Place of Birth <u>Salmon, Idaho</u>		a. County <u>Lemhi Co.</u>		
FATHER	6. Full Name of Father <u>JOHN SCOTT JEWETT</u>				b. City or Town of Birth <u>Salmon, Idaho, Lemhi County</u>		
MOTHER	8. Full Maiden Name of Mother <u>MARTHA LOUISE JEWETT</u>				7. State or Country of Father's Birth <u>Lamoille, Elko County, Nevada</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Mrs. Mae Deranton</u>		11. Present Address of Registrant <u>Elko Nevada</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>January 15</u> <u>19 51</u>				12. Signature of Notary <u>Laura O. Fields</u>		13. Notary Commission expires <u>March 31</u> <u>19 52</u>

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Child's Birth certificate</u>		By whom issued and signed <u>Bureau of Vital Statistics Nevada State Board of Health</u>		Date issued	Date Orig. Entry <u>Apr. 14, 1915</u>
	Date of Birth <u>19 yrs old</u>	Birth Place <u>Idaho</u>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2.	Type of Document <u>School Record</u>		By whom issued and signed <u>Elko County High School</u>		Date issued	Date Orig. Entry <u>9-2-12</u>
	Date of Birth <u>1895</u>	Birth Place <u>Idaho</u>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>Pacific National Life Assurance Co.</u>		Date issued	Date Orig. Entry <u>11-8-35</u>
	Date of Birth <u>Dec. 15, 1895</u>	Birth Place <u>Idaho</u>	Full Name of Mother		Name of Father	

QUALIFYING INFORMATION

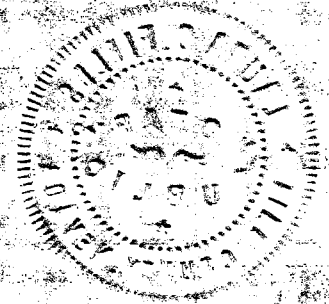
REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <u>W. A. Benson</u>	Evidence reviewed by <u>Mabel F. Eder</u>	Date Filed <u>1-18-51</u>
--	--	------------------------------

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

JAN 18 1951



DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De51-462
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Kendrick Johnson			2. Date (month) (day) (year) Of Birth May 31st 1895		
	3. Color or Race white	4. Sex male	5. Place of Birth Ada	a. County Boise		
FATHER	6. Full Name of Father Henry Zacharias Johnson			7. State or Country of Father's Birth San Francisco, California		
MOTHER	8. Full Maiden Name of Mother Harriet Emily Berridge			9. State or Country of Mother's Birth LaPorte County, Indiana		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Kendrick Johnson</i>		11. Present Address of Registrant 15 W. 2nd St. Reno, Nevada
NOTARY (Seal)	Subscribed and sworn to before me on <i>January 8</i> 19 <i>50</i> <i>51</i>			12. Signature of Notary <i>Francis M. Scott</i>		13. Notary Commission expires <i>Sept. 25, 1951</i>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Newspaper Announcement		By whom issued and signed Idaho Daily Statesman	Date Issued 6-1-1895	Date Orig. Entry 6-1-1895
	Date of Birth May 31, 1895	Birth Place Boise, Idaho	Full Name of Mother Mrs. H. Z. Johnson	Name of Father H. Z. Johnson	
SUPPORTING RECORD 2.	Type of Document Census Record		By whom issued and signed Department of Commerce Bureau of the Census	Date Issued 1-16-51	Date Orig. Entry 6-1-1900
	Date of Birth May 1895	Birth Place Idaho	Full Name of Mother Harriett Johnson	Name of Father Henry Z. Johnson	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar W. W. Benson	Evidence reviewed by <i>Mark H. Edger</i>	Date Filed Jan. 23, 1951
--	--	------------------------------------

JAN 23 1951



DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De51-605
Local Reg. No. _____
Reg. Dist. No. _____

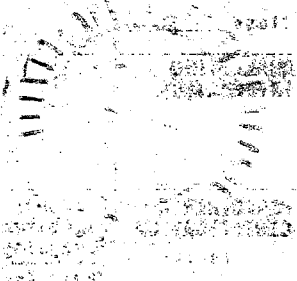
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Mary Ann Cole</u>			2. Date (month) (day) (year) Of Birth <u>Nov</u> <u>22</u> <u>1895</u>		
	3. Color of Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Bannock</u>	6. City or Town of Birth <u>Treasureton Idaho</u>		
FATHER	6. Full Name of Father <u>John Alfred Cole</u>			7. State or Country of Father's Birth <u>Utah</u>		
MOTHER	8. Full Maiden Name of Mother <u>E Emma Nelson</u>			9. State or Country of Mother's Birth <u>Utah</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Mary Ann Crockett</u>		11. Present Address of Registrant <u>Smithfield Utah</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>March 7</u> 19 <u>51</u>			12. Signature of Notary <u>La Mer Nelson</u>		13. Notary Commission expires <u>March 15</u> 19 <u>54</u>

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <u>Church Record</u>		By whom issued and signed <u>L. D. S. Church</u>		Date issued <u>Dec. 4, 1950</u>
	Date of Birth <u>Nov. 22, 1895</u>	Birth Place <u>Treasureton, Idaho</u>	Full Name of Mother <u>Almira Nelson</u>		Date Orig. Entry <u>Aug. 5, 1906</u>
Class <u>B</u>					
SUPPORTING RECORD 2.	Type of Document <u>Certificate of Baptism</u>		By whom issued and signed <u>L. D. S. Church</u>		Date issued <u>2-13-51</u>
	Date of Birth <u>Nov. 22, 1895</u>	Birth Place <u>Treasureton, Idaho</u>	Full Name of Mother <u>Almira Nelson</u>		Date Orig. Entry <u>Aug. 5, 1906</u>
Class <u>B</u>					
SUPPORTING RECORD 3.	Type of Document <u>Life Insurance Policy</u>		By whom issued and signed <u>Metropolitan Life Insurance</u>		Date issued <u>2-19-51</u>
	Date of Birth <u>Nov. 22, 1895</u>	Birth Place <u>Idaho</u>	Full Name of Mother		Date Orig. Entry <u>6-17-40</u>
Class <u>B</u>					

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Mary H. Nelson</u>	Date Filed <u>3-12-51</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

MAR 13 1951



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. De51-651
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>Notus</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>28</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Notus</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>28</u> yrs.	
4. FULL NAME OF CHILD <u>James Edward Anderson</u>		5. Date of Birth of Child (Month, day, year) <u>July 14, 1895</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u> </u> If so—born 1st, 2nd, 3rd <u> </u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Anthony Anderson</u>		16. FULL MAIDEN NAME <u>Alma Say</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>50</u> yrs.		18. Age at time of THIS birth <u>30</u> yrs.	
13. Birthplace <u>Norway</u> (City or town) (State or foreign country)		19. Birthplace <u>England</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Section Foreman</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>U. P. R. R.</u>		21. Industry or Business <u> </u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.....			
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at M. on the date and at the place stated above, and that personal particulars were furnished by Violet Mc Intyre who is related as Aunt (Mother, etc.)

25. Attendant's OWN signature Idaho M.D. Address Ada Date
County of Ada } ss. Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for Life years, and that Mrs. Burns who attended this birth Now Deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Violet B. McIntyre Signature
P. O. Address Boise

Subscribed and sworn to before me this March day of March 1951
(SEAL) Mark E. Elder Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 26, 1951 by Mark E. Elder, Deputy Registrar

SE
MAR 26 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

913-227-038-315-**DELAYED CERTIFICATE OF BIRTH**
 Department of Public Health
 Division of Vital Statistics
 Boise, Idaho
STATE OF IDAHO

State File No. De51-754
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Lela Lenora Ratcliff				2. Date (month) (day) (year) June 27 1895		
	3. Color or Race white	4. Sex female	5. Place of Birth Payette	a. County	b. City or Town of Birth Payette		
FATHER	6. Full Name of Father Moses Ratcliff				7. State or Country of Father's Birth Ohio		
MOTHER	8. Full Maiden Name of Mother Polena Eugene Lankford				9. State or Country of Mother's Birth Missouri		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Lela Lenora Ratcliff</i>		11. Present Address of Registrant Mrs. Carl Kelso Rt. 4, Pleasant St. Walla Walla
NOTARY (Seal)	Subscribed and sworn to before me on April 2 19 51				12. Signature of Notary <i>John N. Mohr</i>		13. Notary Commission expires Wash. August 1 19 53

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Social Security Record		By whom issued and signed U. S. Social Security Adm.		Date issued 6-21-37	Date Orig. Entry 6-21-37
	Date of Birth June 27, 1895,	Birth Place Payette, Idaho	Full Name of Mother		Name of Father	
Class* <u>B</u>	Type of Document Bible Record		By whom issued and signed Bible viewed by John N Mohr, Notary, Affidavit		Date issued	Date Orig. Entry June 27, 1895
	Date of Birth June 27, 1895,	Birth Place Payette, Idaho	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2-	Type of Document Affidavit		By whom issued and signed Elmer Rateliff, brother		Date issued Apr. 2, 1951	Date Orig. Entry
	Date of Birth June 27, 1895,	Birth Place Payette, Idaho	Full Name of Mother		Name of Father	
Class <u>B</u>	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by <i>Malcolm H. Benson</i>	Date Filed Apr. 23, 1951

* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE

1961 APR 27

1961 APR 27

White House

Mr. Tolson

Mr. DeLoach

Mr. Casper

Mr. Callahan

Mr. Conrad

Mr. Felt

Mr. Gale

Mr. Rosen

Mr. Sullivan

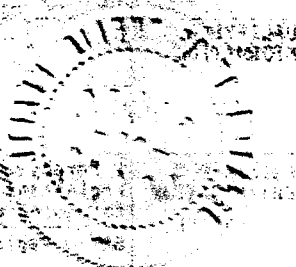
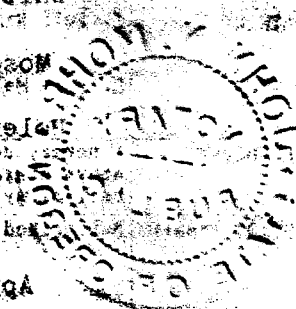
Mr. Tavel

Mr. Trotter

Tele. Room

Mr. Holmes

Miss Gandy



165-203-242 DELAYED CERTIFICATE OF BIRTH
 Department of Public Health
 Division of Vital Statistics
 Boise, Idaho
 STATE OF IDAHO

State File No. De51-775
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Margaret Cornwell Jones				2. Date (month) (day) (year) Of Birth July 3 1895		
	3. Color or Race white	4. Sex female	5. Place of Birth Idaho	a. County Lemhi	b. City or Town of Birth Gibbonsville		
FATHER	6. Full Name of Father Price Cornwell Jones				7. State or Country of Father's Birth Ohio		
MOTHER	8. Full Maiden Name of Mother Grace Amelia Busch				9. State or Country of Mother's Birth Wisconsin		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Margaret C. Jones</i>		11. Present Address of Registrant 711 E. San Fernando St. San Jose, California	
NOTARY (Seal)	Subscribed and sworn to before me on <u>April 18</u> 19 <u>51</u>			12. Signature of Notary <i>Edith M. Busch</i>		13. Notary Commission expires <u>1-26</u> 19 <u>55</u>	

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Affidavit		By whom issued and signed Grace Jones Scott, mother		Date issued Apr. 18, 1951	Date Orig. Entry
	Date of Birth July 3, 1895,	Birth Place Gibbonsville, Idaho	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2.	Type of Document School Record		By whom issued and signed San Jose State College		Date issued 4-27-51	Date Orig. Entry
	Date of Birth July 3, 1895,	Birth Place	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document Certificate of Registration		By whom issued and signed County Clerk, San Jose		Date issued Feb. 10, 1936	Date Orig. Entry
	Date of Birth	Birth Place Idaho	Full Name of Mother		Name of Father	

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar W. W. Benson	Evidence reviewed by <i>Malvina E. Edgar</i>	Date Filed Apr. 30, 1951
--	---	------------------------------------

* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

APR 24 1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

1951
JUN 5 1951

296-103-006-296 DELAYED CERTIFICATE OF BIRTH
 Department of Public Health
 Division of Vital Statistics
 Boise, Idaho

STATE OF IDAHO

State File No. De 51-800
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Paul Francis Brooks</u>			2. Date (month) (day) (year) Of Birth <u>March 3 1895</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth a. County <u>Bingham</u>	b. City or Town of Birth <u>Blackfoot Idaho</u>		
FATHER	6. Full Name of Father <u>Charles Edwin Brooks</u>			7. State or Country of Father's Birth <u>Illinois</u>		
MOTHER	8. Full Maiden Name of Mother <u>Catherine Brooks</u>			9. State or Country of Mother's Birth <u>Wisconsin</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Paul F Brooks</u>		11. Present Address of Registrant <u>95 N 17th Boise Idaho</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>May 9 1951</u>			12. Signature of Notary <u>M. E. Reese</u>		13. Notary Commission expires <u>May 12 1951</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Life Insurance Policy</u>		By whom issued and signed <u>New York Life</u>		Date issued <u>5-9-45</u>	Date Orig. Entry <u>5-9-45</u>
	Date of Birth <u>3-3-1895</u>	Birth Place <u>Blackfoot, Idaho</u>	Full Name of Mother <u>Catherine Brooks</u>		Name of Father <u>Charles Edwin Brooks</u>	
SUPPORTING RECORD 2.	Type of Document <u>Child's Birth Certificate</u>		By whom issued and signed <u>State of Idaho</u>		Date issued <u>2-21-1930</u>	Date Orig. Entry <u>2-21-30</u>
	Date of Birth <u>3 1/4 Yrs.</u>	Birth Place <u>Blackfoot, Idaho</u>	Full Name of Mother <u>Catherine Brooks</u>		Name of Father <u>Charles Edwin Brooks</u>	
SUPPORTING RECORD 3.	Type of Document <u>Pass Port</u>		By whom issued and signed <u>Mexico</u>		Date issued <u>7-15-1950</u>	Date Orig. Entry <u>7-15-1950</u>
	Date of Birth <u>55 Yrs.</u>	Birth Place <u>Blackfoot, Idaho</u>	Full Name of Mother <u>Catherine Brooks</u>		Name of Father <u>Charles Edwin Brooks</u>	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <u>W W Benson</u>	Evidence reviewed by <u>Carol Bennett</u>	Date Filed <u>5-7-51</u>
--------------------------------------	--	-----------------------------

* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De51-950
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Ella Althea Wilcox</u>			2. Date (month) (day) (year) Of Birth <u>Dec.</u> <u>26</u> <u>1895</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Oneida</u>	b. City or Town of Birth <u>Preston</u>		
FATHER	6. Full Name of Father <u>Bion Densmore Wilcox</u>			7. State or Country of Father's Birth <u>Pennsylvania</u>		
MOTHER	8. Full Maiden Name of Mother <u>Ella Field Alder</u>			9. State or Country of Mother's Birth <u>Utah</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Althea W. Perkins</u>		11. Present Address of Registrant <u>36 no. 1st East</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>June 6, 1951</u>			12. Signature of Notary <u>Almond Reed</u>		13. Notary Commission expires <u>February 10 1954</u>

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Certificate of Blessing</u>		By whom issued and signed <u>L. D. S. Church</u>	Date issued <u>6-11-51</u>	Date Orig. Entry <u>2-6-1896</u>
	Date of Birth <u>Dec. 26, 1895</u>	Birth Place <u>Preston, Idaho</u>	Full Name of Mother <u>Ella Field Alder</u>	Name of Father <u>Bion D. Wilcox</u>	
SUPPORTING RECORD 2.	Type of Document <u>Certificate of Confirmation</u>		By whom issued and signed <u>L. D. S. Church</u>	Date issued <u>6-11-1951</u>	Date Orig. Entry
	Date of Birth <u>Dec. 26, 1895</u>	Birth Place <u>Preston, Idaho</u>	Full Name of Mother <u>Ella Field Alder</u>	Name of Father <u>Bion Densmore Wilcox</u>	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Mary Keenan</u>	Date Filed <u>June 13, 1951</u>

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELETED CERTIFICATE OF BIRTH

STATE OF ILLINOIS

JUL 22 2000

JUL 14 1951



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

314-220-20-864

RECEIVED

JUL 17 1951

United States
Department of Commerce
Bureau of the Census

DIVISION OF VITAL
STATISTICS

Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1055
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Family Res. - Ranch
(e) Mothers stay BEFORE delivery:
In THIS county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 12 yrs.

4. **FULL NAME OF CHILD** THEODOSIA MARIE LAMBRIGGER

3. **RESIDENCE OF FATHER** (city, state) Naperville, Ill.
5. Date of Birth of Child
(Month, day, year) 11/20/1895

6 Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** ALPHONSE JOHN LAMBRIGGER
11. Color White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** FLORA BELL HOUGH
17. Color White 18. Age at time of THIS birth 38 yrs.
19. Birthplace Aurora, Illinois
(City or town) (State or foreign country)
20. Exact Occupation School Teacher
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 88 years of age, that I have known this person for 50 years, and that
_____, who attended this birth _____ I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary L. Gunby Signature ✓
P. O. Address _____

Subscribed and sworn to before me this 13th day of July, 1951
(SEAL) Margaret L. Gunn, Notary Public, residing at 74 E. Washington
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 17, 1951 by W. W. Benson, Registrar

JUL 17 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

236-224-045-847

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. De51-2151
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Alturas</u> (b) City <u>Rehoboth</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Alturas</u> (c) City <u>Rehoboth</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs.	
4. FULL NAME OF CHILD <u>Margaret Fern Stauer</u> 7 Twin or Triplet If so—born 1st, 2nd, 3rd		5. Date of Birth of Child <u>Jan. 24-1895</u> (Month, day, year)	
6 Sex <u>Female</u>		8. No. months of Pregnancy <u>9</u>	
7. Legitimate? <u>yes</u>		9. Legitimate? <u>yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>James Addison Stauer</u>		16. FULL MAIDEN NAME <u>Delores H. Hughes</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>45 yrs.</u>		18. Age at time of THIS birth <u>29 yrs.</u>	
13. Birthplace <u>Virginia</u> (City or town) (State or foreign country)		19. Birthplace <u>Indiana</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Mining Engineer</u>		20. Exact Occupation	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Not Known</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature **M.D. Address** **Date**

State of California ss.
County of San Bernardino

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the (To be completed when the attendant does not sign in Item 25.)
 of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 26 years, and that (Mother, etc.)
 who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Virginia S. Storer
 P. O. Address 2233 W. Quince St.
 Subscribed and sworn to before me this 17 day of OCTOBER, 1951

(SEAL) W. W. Benson, Notary Public, residing at Santa Barbara, CALIFORNIA
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-614, Idaho Code Annotated, July 16, 1954)

Received for filing on Oct. 22, 1951 by W. W. Benson, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

OCT 23 195

DELAYED

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2534
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>LILLIAN-A-PETERSON SHOSHONE</u>					2. Date (month) (day) (year) Of Birth <u>NOVEMBER-7 1895</u>		
	3. Color or Race <u>WHITE</u>	4. Sex <u>FEMALE</u>	5. Place of Birth <u>WEIPPE SHOSHONE</u>		6. City or Town of Birth <u>WEIPPE</u>			
FATHER	6. Full Name of Father <u>PETER-E-PETERSON</u>					7. State of Country of Father's Birth <u>SWEDEN</u>		
MOTHER	8. Full Maiden Name of Mother <u>MARIA-SUSAN JOHNSON</u>					9. State or Country of Mother's Birth <u>SWEDEN</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <u>Lillian Johnson</u>		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on <u>February 24 1952</u>					12. Signature of Notary <u>Samuel F. Swaine</u>		13. Notary Commission expires <u>Nov 17 1954</u>

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document <u>Bible Record</u>		By whom issued and signed <u>Family Bible viewed by Maurice Snyder, photographer</u>	Date issued	Date Orig. Entry <u>Nov. 7, 1895</u>
	Date of Birth <u>Nov. 7, 1895,</u>	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2-	Type of Document <u>Affidavit</u>		By whom issued and signed <u>Mrs. Belle Gafferey</u>	Date issued <u>Feb. 1, 1952</u>	Date Orig. Entry
	Date of Birth <u>Nov. 7, 1895,</u>	Birth Place <u>Weippe, Idaho</u>	Full Name of Mother <u>Maria Susan Johnson</u>	Name of Father <u>Peter E. Peterson</u>	
SUPPORTING RECORD 3-	Type of Document <u>Affidavit</u>		By whom issued and signed <u>Elizabeth E. Snyder</u>	Date issued <u>2-1- 52</u>	Date Orig. Entry
	Date of Birth <u>Nov. 7, 1895,</u>	Birth Place <u>Weippe, Idaho</u>	Full Name of Mother <u>Maria Susan Johnson</u>	Name of Father <u>Peter E. Peterson</u>	
QUALIFYING INFORMATION	Also, Affidavit by Adena Wilson gives the date of birth as Nov. 7, 1895 at Weippe, Idaho.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Mabel F. Eaden</u>	Date Filed <u>3-12-52</u>	

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF IDAHO
 DIVISION OF VITAL STATISTICS
 BOISE, IDAHO

DELAYED CERTIFICATE OF BIRTH

Department of Public Health
 Division of Vital Statistics
 Boise, Idaho

1. Full Name of Child WILSON, E. T. LARSEN		2. Date of Birth NOVEMBER 1, 1922	
3. Sex MALE		4. Place of Birth IDAHO	
5. Name of Father WILSON, E. T. LARSEN		6. Name of Mother WILSON, E. T. LARSEN	
7. Address of Child at Birth IDAHO		8. Address of Child at Present IDAHO	
9. Signature of Registrar IDAHO		10. Signature of Registrar IDAHO	



11. Name of Father WILSON, E. T. LARSEN		12. Name of Mother WILSON, E. T. LARSEN	
13. Date Issued NOV. 1, 1922		14. Date Issued NOV. 1, 1922	
15. Name of Father WILSON, E. T. LARSEN		16. Name of Mother WILSON, E. T. LARSEN	
17. Date Issued NOV. 1, 1922		18. Date Issued NOV. 1, 1922	
19. Name of Father WILSON, E. T. LARSEN		20. Name of Mother WILSON, E. T. LARSEN	

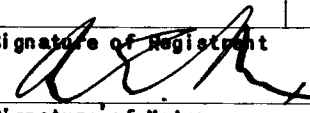
Also, wherever by law it may be given the date of birth of the child.

It is hereby certified that a copy of this certificate has been filed in the Division of Vital Statistics for this jurisdiction and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar
 Date Filed
 11-1-22

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De52-2571
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Archibald Eugene Mix</u>				2. Date (month) (day) (year) Of Birth <u>September 26th 1895</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth <u>Moscow</u>	a. County <u>Latah</u>	b. City or Town of Birth <u>Moscow IDAHO</u>	
FATHER	6. Full Name of Father <u>Olysses Sherman Mix</u>				7. State or Country of Father's Birth <u>Missouri</u>	
MOTHER	8. Full Maiden Name of Mother <u>EFFIE Maud Hays</u>				9. State or Country of Mother's Birth <u>IDAHO</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant 		11. Present Address of Registrant <u>12 KING STREET Ontario</u> <u>ST. Catharines</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>March 20th 1952</u>			12. Signature of Notary <u>CBT Mahoney</u>		13. Notary Commission expires <u>on death</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1.	Type of Document <u>Census record</u>		By whom issued and signed <u>Bureau of the Census</u>		Date issued	Date Orig. Entry <u>June 1, 1900</u>
	Date of Birth <u>Sept. 1895</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>Effie Mix</u>		Name of Father <u>Sherman Mix</u>	
SUPPORTING RECORD 2.	Type of Document <u>Affidavit</u>		By whom issued and signed <u>Effie Mix Becker</u>		Date issued	Date Orig. Entry <u>May 19, 1922</u>
	Date of Birth <u>Sept. 26, 1895</u>	Birth Place	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document <u>Affidavit</u>		By whom issued and signed <u>Spokane Public Schools</u>		Date issued <u>Feb. 6, 1952</u>	Date Orig. Entry <u>June 1905</u>
	Date of Birth <u>10 yrs. old</u>	Birth Place	Full Name of Mother		Name of Father <u>W. S. Mix</u>	

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. W. Benson

Evidence reviewed by

Jean Jordan

Date Filed

March 25, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

731-203-009-386

DELAYED CERTIFICATION OF BIRTH STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De52-2581

Local Reg. No. _____

Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Frances Mary Plass			2. Date (month) (day) (year) June 3 1895		
	3. Color or Race White	4. Sex Female	5. Place of Birth a. County Bonner, Idaho	b. City or Town of Birth Hope		
FATHER	6. Full Name of Father Bayard Taylor Plass			7. State or Country of Father's Birth Nebraska, USA.		
MOTHER	8. Full Maiden Name of Mother Margaret Lee Thompson			9. State or Country of Mother's Birth Pennsylvania, USA.		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Frances Mary Plass</i>		11. Present Address of Registrant 1861 Brae Burn Road, Altadena, California.
NOTARY (Seal)	Subscribed and sworn to before me on <i>March 24</i> 19 <i>52</i>			12. Signature of Notary <i>Emily C. Mead.</i>		13. Notary Commission expires <input checked="" type="checkbox"/> My Commission Expires Sept 193, 1953

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Census record		By whom issued and signed Bureau of the Census Washington	Date issued Mar. 17, '52	Date Orig. Entry 1900 June 1
	Date of Birth June 1895	Birth Place Idaho	Full Name of Mother Margraet Plass	Name of Father Bayard L. Plass	
SUPPORTING RECORD 2.	Type of Document Census record		By whom issued and signed Bureau of the Census Washington	Date issued Mar. 17, '52	Date Orig. Entry 1910 April 15
	Date of Birth 14 yrs old	Birth Place Idaho	Full Name of Mother Margareth Plass	Name of Father Bayard T. Plass	
SUPPORTING RECORD 3.	Type of Document Affidavit of father		By whom issued and signed Bayard Taylor Plass N.P. Frank R. Costi	Date issued Oct. 23, '52	Date Orig. Entry
	Date of Birth June 3, 1895	Birth Place Hope, Idaho	Full Name of Mother Margaret Lee Thompson	Name of Father Bayard Taylor Plass	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. W. Benson

Evidence reviewed by

Jean Jordan

Date Filed

Apr. 1, 1952

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Division of Vital Statistics
State of New York

07-01-68 (1968) (1968) 07-01-68
07-01-68 07-01-68 07-01-68

APR 1967

STATE OF NEW YORK
COUNTY OF ALBANY

IN SENATE,
JANUARY 10, 1967.

REPORT OF THE
COMMISSIONERS OF THE DEPARTMENT OF SOCIAL SERVICES
ON THE
ADMINISTRATIVE AND FINANCIAL OPERATIONS OF THE
DEPARTMENT FOR THE YEAR ENDING DECEMBER 31, 1966.

ALBANY:

THE UNIVERSITY OF THE STATE OF NEW YORK
PRINTING OFFICE, 1967.

1. 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040 2041 2042 2043 2044 2045 2046 2047 2048 2049 2050 2051 2052 2053 2054 2055 2056 2057 2058 2059 2060 2061 2062 2063 2064 2065 2066 2067 2068 2069 2070 2071 2072 2073 2074 2075 2076 2077 2078 2079 2080 2081 2082 2083 2084 2085 2086 2087 2088 2089 2090 2091 2092 2093 2094 2095 2096 2097 2098 2099 2100 2101 2102 2103 2104 2105 2106 2107 2108 2109 2110 2111 2112 2113 2114 2115 2116 2117 2118 2119 2120 2121 2122 2123 2124 2125 2126 2127 2128 2129 2130 2131 2132 2133 2134 2135 2136 2137 2138 2139 2140 2141 2142 2143 2144 2145 2146 2147 2148 2149 2150 2151 2152 2153 2154 2155 2156 2157 2158 2159 2160 2161 2162 2163 2164 2165 2166 2167 2168 2169 2170 2171 2172 2173 2174 2175 2176 2177 2178 2179 2180 2181 2182 2183 2184 2185 2186 2187 2188 2189 2190 2191 2192 2193 2194 2195 2196 2197 2198 2199 2200 2201 2202 2203 2204 2205 2206 2207 2208 2209 2210 2211 2212 2213 2214 2215 2216 2217 2218 2219 2220 2221 2222 2223 2224 2225 2226 2227 2228 2229 2230 2231 2232 2233 2234 2235 2236 2237 2238 2239 2240 2241 2242 2243 2244 2245 2246 2247 2248 2249 2250 2251 2252 2253 2254 2255 2256 2257 2258 2259 2260 2261 2262 2263 2264 2265 2266 2267 2268 2269 2270 2271 2272 2273 2274 2275 2276 2277 2278 2279 2280 2281 2282 2283 2284 2285 2286 2287 2288 2289 2290 2291 2292 2293 2294 2295 2296 2297 2298 2299 2300 2301 2302 2303 2304 2305 2306 2307 2308 2309 2310 2311 2312 2313 2314 2315 2316 2317 2318 2319 2320 2321 2322 2323 2324 2325 2326 2327 2328 2329 2330 2331 2332 2333 2334 2335 2336 2337 2338 2339 2340 2341 2342 2343 2344 2345 2346 2347 2348 2349 2350 2351 2352 2353 2354 2355 2356 2357 2358 2359 2360 2361 2362 2363 2364 2365 2366 2367 2368 2369 2370 2371 2372 2373 2374 2375 2376 2377 2378 2379 2380 2381 2382 2383 2384 2385 2386 2387 2388 2389

CONFIDENTIAL

EPTM ...
 1103 2300 2300 ...
 1103 2300 2300 ...
 1103 2300 2300 ...

[illegible]

DATE FILED
JUL 1 1965

1918 to 1920

[illegible]

referred to as a "black box" because it is not possible to determine the exact cause of the crash.

2101 MOORE ST. N.W. WASH DC

People are being moved and
shipped out to other
countries.

[illegible]

(The following text is extremely faint and largely illegible due to poor scan quality. It appears to be a list or index of names and locations.)

10-10-68

SECRET

10-71

SECRET

1. The first of these is the fact that the
 2.
 3.
 4.
 5.
 6.
 7.
 8.
 9.
 10.
 11.
 12.
 13.
 14.
 15.
 16.
 17.
 18.
 19.
 20.
 21.
 22.
 23.
 24.
 25.
 26.
 27.
 28.
 29.
 30.
 31.
 32.
 33.
 34.
 35.
 36.
 37.
 38.
 39.
 40.
 41.
 42.
 43.
 44.
 45.
 46.
 47.
 48.
 49.
 50.
 51.
 52.
 53.
 54.
 55.
 56.
 57.
 58.
 59.
 60.
 61.
 62.
 63.
 64.
 65.
 66.
 67.
 68.
 69.
 70.
 71.
 72.
 73.
 74.
 75.
 76.
 77.
 78.
 79.
 80.
 81.
 82.
 83.
 84.
 85.
 86.
 87.
 88.
 89.
 90.
 91.
 92.
 93.
 94.
 95.
 96.
 97.
 98.
 99.
 100.
 101.
 102.
 103.
 104.
 105.
 106.
 107.
 108.
 109.
 110.
 111.
 112.
 113.
 114.
 115.
 116.
 117.
 118.
 119.
 120.
 121.
 122.
 123.
 124.
 125.
 126.
 127.
 128.
 129.
 130.
 131.
 132.
 133.
 134.
 135.
 136.
 137.
 138.
 139.
 140.
 141.
 142.
 143.
 144.
 145.
 146.
 147.
 148.
 149.
 150.
 151.
 152.
 153.
 154.
 155.
 156.
 157.
 158.
 159.
 160.
 161.
 162.
 163.
 164.
 165.
 166.
 167.
 168.
 169.
 170.
 171.
 172.
 173.
 174.
 175.
 176.
 177.
 178.
 179.
 180.
 181.
 182.
 183.
 184.
 185.
 186.
 187.
 188.
 189.
 190.
 191.
 192.
 193.
 194.
 195.
 196.
 197.
 198.
 199.
 200.
 201.
 202.
 203.
 204.
 205.
 206.
 207.
 208.
 209.
 210.
 211.
 212.
 213.
 214.
 215.
 216.
 217.
 218.
 219.
 220.
 221.
 222.
 223.
 224.
 225.
 226.
 227.
 228.
 229.
 230.
 231.
 232.
 233.
 234.
 235.
 236.
 237.
 238.
 239.
 240.
 241.
 242.
 243.
 244.
 245.
 246.
 247.
 248.
 249.
 250.
 251.
 252.
 253.
 254.
 255.
 256.
 257.
 258.
 259.
 260.
 261.
 262.
 263.
 264.
 265.
 266.
 267.
 268.
 269.
 270.
 271.
 272.
 273.
 274.
 275.
 276.
 277.
 278.
 279.
 280.
 281.
 282.
 283.
 284.
 285.
 286.
 287.
 288.
 289.
 290.
 291.
 292.
 293.
 294.
 295.
 296.
 297.
 298.
 299.
 300.
 301.
 302.
 303.
 304.
 305.
 306.
 307.
 308.
 309.
 310.
 311.
 312.
 313.
 314.
 315.
 316.
 317.
 318.
 319.
 320.
 321.
 322.
 323.
 324.
 325.
 326.
 327.
 328.
 329.
 330.
 331.
 332.
 333.
 334.
 335.
 336.
 337.
 338.
 339.
 340.
 341.
 342.
 343.
 344.
 345.
 346.
 347.
 348.
 349.
 350.
 351.
 352.
 353.
 354.
 355.
 356.
 357.
 358.
 359.
 360.
 361.
 362.
 363.
 364.
 365.
 366.
 367.
 368.
 369.
 370.
 371.
 372.
 373.
 374.
 375.
 376.
 377.
 378.
 379.
 380.
 381.
 382.
 383.
 384.
 385.
 386.
 387.
 388.
 389.
 390.
 391.
 392.
 393.
 394.
 395.
 396.
 397.
 398.
 399.
 400.
 401.
 402.
 403.
 404.
 405.
 406.
 407.
 408.
 409.
 410.
 411.
 412.
 413.
 414.
 415.
 416.
 417.
 418.
 419.
 420.
 421.
 422.
 423.
 424.
 425.
 426.
 427.
 428.
 429.
 430.
 431.
 432.
 433.
 434.
 435.
 436.
 437.
 438.
 439.
 440.
 441.
 442.
 443.
 444.
 445.
 446.
 447.
 448.
 449.
 450.
 451.
 452.
 453.
 454.
 455.
 456.
 457.
 458.
 459.
 460.
 461.
 462.
 463.
 464.
 465.
 466.
 467.
 468.
 469.
 470.
 471.
 472.
 473.
 474.
 475.
 476.
 477.
 478.
 479.
 480.
 481.
 482.
 483.
 484.
 485.
 486.
 487.
 488.
 489.
 490.
 491.
 492.
 493.
 494.
 495.
 496.
 497.
 498.
 499.
 500.
 501.
 502.
 503.
 504.
 505.
 506.
 507.
 508.
 509.
 510.
 511.
 512.
 513.
 514.
 515.
 516.
 517.
 518.
 519.
 520.
 521.
 522.
 523.
 524.
 525.
 526.
 527.
 528.
 529.
 530.
 531.
 532.
 533.
 534.
 535.
 536.
 537.
 538.
 539.
 540.
 541.
 542.
 543.
 544.
 545.
 546.
 547.
 548.
 549.
 550.
 551.
 552.
 553.
 554.
 555.
 556.
 557.
 558.
 559.
 560.
 561.
 562.
 563.
 564.
 565.
 566.
 567.
 568.
 569.
 570.
 571.
 572.
 573.
 574.
 575.
 576.
 577.
 578.
 579.
 580.
 581.
 582.
 583.
 584.
 585.
 586.
 587.
 588.
 589.
 590.
 591.
 592.
 593.
 594.
 595.
 596.
 597.
 598.
 599.

1-2-68

(continued) To a
broader audience

WILLIAM J. CRAWFORD
January 10, 1968
BOSTON, MASSACHUSETTS

0157 110 510
1000000 10 0
1000000 10 0
1000000 10 0
1000000 10 0

1990

[illegible]

100-443887-100



295-108-020-452

RECEIVED DELAYED CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics
Boise, Idaho

NOV 6 1951

STATE OF IDAHO

State File No. De52-2586

Local Reg. No. _____

Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's State Birth			2. Date (month) (day) (year) Of Birth <u>II-8-1895</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth a. County <u>Glenns Ferry, Idaho</u>	b. City or Town of Birth <u>Glenns Ferry, Idaho</u>		
FATHER	6. Full Name of Father <u>Jeremiah Kinney called Jerry Kinney</u>			7. State or Country of Father's Birth <u>Illinois.</u>		
MOTHER	8. Full Maiden Name of Mother <u>Idabelle Lucrecia De Selle</u>			9. State or Country of Mother's Birth <u>Illinois</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Clyde John Kinney</i>		11. Present Address of Registrant <u>832 Toyopa Dr. Pacific Palisades, Cal.</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>November 1st 1951</u>			12. Signature of Notary <i>Shirley R. McDevitt</i>		13. Notary Commission expires <u>My Commission Expires June 25, 1952</u> 19 <u> </u>

SUPPORTING RECORD 1.		Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>Metropolitan Life Insurance Co.</u>		Date issued <u>Jan. 10, 1925</u>	Date Orig. Entry <u>Jan. 10, 1925</u>
Class* <u>B</u>	Date of Birth	Birth Place	Full Name of Mother		Name of Father		
	<u>Nov. 8, 1895</u>	<u>Glenns Ferry, Idaho</u>					
SUPPORTING RECORD 2.		Type of Document <u>School record</u>		By whom issued and signed <u>Class A School Dist. #25 Superintendent of Schools</u>		Date issued <u>Jan. 11, '52</u>	Date Orig. Entry <u>1903</u>
Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother		Name of Father		
	<u>Nov. 8, 1895</u>		<u>Ida Kinney</u>				
SUPPORTING RECORD 3.		Type of Document <u>Affidavit made by</u>		By whom issued and signed <u>Wanlyn Oliver</u>		Date issued <u>3-24-52</u>	Date Orig. Entry
Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother		Name of Father		
	<u>Nov. 8, 1895</u>	<u>Glenns Ferry, Idaho</u>					

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <i>Mark P. Hefner</i>	Date Filed <u>Apr. 2, 1952</u>

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 4052-2658
Local Reg. No. _____
Reg. Dist. No. _____

Floyd Charles Ruddy

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Floyd Charles Ruddy</u>			2. Date of Birth <u>July 7, 1895</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth <u>Boise, Idaho</u>	a. County b. City or Town of Birth	
FATHER	6. Full Name of Father <u>Charles Fremont Ruddy</u>			7. State or Country of Father's Birth <u>Wisconsin</u>	
MOTHER	8. Full Maiden Name of Mother <u>Margaret Ortel</u>			9. State or Country of Mother's Birth <u>New Jersey</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>[Signature]</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>April 9th 1952</u>			11. Present Address of Registrant <u>Billings, Montana</u> <u>223 Clark Ave.</u>	
	12. Signature of Notary <i>[Signature]</i>			13. Notary Commission expires <u>Sept 3rd 1952</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Bible Record, Certificate of Baptism, St. John's Cathedral</u>		By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth <u>July 7, 1895</u>		Full Name of Mother <u>Margaret Ortel</u>	Name of Father <u>Charles Fremont Ruddy</u>	
SUPPORTING RECORD 2.	Type of Document <u>Honorable Discharge</u>		By whom issued and signed <u>U. S. Army</u>	Date Issued <u>May 20, 1919</u>	Date Orig. Entry
	Date of Birth <u>22 5/12 yrs old</u>		Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document <u>Voters Vertificate of Registration</u>		By whom issued and signed <u>Billings, Mont.</u> <u>Earl Knight, Clerk</u>	Date issued <u>Apr. 9, 1952</u>	Date Orig. Entry <u>9-14-44</u>
	Date of Birth <u>July 7, 1895</u>		Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <u>W. W. Benson</u>	Evidence reviewed by <i>[Signature]</i>	Date Filed <u>Apr. 16, 1952</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

* Class A Records are those made after the 1st of January 1900 and Class B Records are those made before the 1st of January 1900.

State Registrar
J. F. Benson
Evidence reviewed by
M. H. Benson
Date filed
April 25, 1902

CERTIFICATION: I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this
Registration: This record was duly reviewed and found correct. The facts are as set forth in the
Following Abstract:

Class: 1st
Date of Birth: April 25, 1902
Place of Birth: Iowa
Type of Document: Certificate of Birth
Date of Document: April 25, 1902
By whom issued and signed: J. F. Benson
Full Name of Mother: Mary E. Benson
Name of Father: J. F. Benson
Date issued: April 25, 1902
Place issued: Iowa

Class: 1st
Date of Birth: April 25, 1902
Place of Birth: Iowa
Type of Document: Certificate of Birth
Date of Document: April 25, 1902
By whom issued and signed: J. F. Benson
Full Name of Mother: Mary E. Benson
Name of Father: J. F. Benson
Date issued: April 25, 1902
Place issued: Iowa

Class: 1st
Date of Birth: April 25, 1902
Place of Birth: Iowa
Type of Document: Certificate of Birth
Date of Document: April 25, 1902
By whom issued and signed: J. F. Benson
Full Name of Mother: Mary E. Benson
Name of Father: J. F. Benson
Date issued: April 25, 1902
Place issued: Iowa

Class: 1st
Date of Birth: April 25, 1902
Place of Birth: Iowa
Type of Document: Certificate of Birth
Date of Document: April 25, 1902
By whom issued and signed: J. F. Benson
Full Name of Mother: Mary E. Benson
Name of Father: J. F. Benson
Date issued: April 25, 1902
Place issued: Iowa

Class: 1st
Date of Birth: April 25, 1902
Place of Birth: Iowa
Type of Document: Certificate of Birth
Date of Document: April 25, 1902
By whom issued and signed: J. F. Benson
Full Name of Mother: Mary E. Benson
Name of Father: J. F. Benson
Date issued: April 25, 1902
Place issued: Iowa

Class: 1st
Date of Birth: April 25, 1902
Place of Birth: Iowa
Type of Document: Certificate of Birth
Date of Document: April 25, 1902
By whom issued and signed: J. F. Benson
Full Name of Mother: Mary E. Benson
Name of Father: J. F. Benson
Date issued: April 25, 1902
Place issued: Iowa

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

296-128-001993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2705
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Caldwell
(c) Street Address or R.F.D. No. Harrison Ave.
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 2 years 6 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Caldwell
(d) Street Address or R.F.D. No. Harrison Ave.
(e) How long has **MOTHER** lived in Idaho? 2 1/2 yrs.
3. **RESIDENCE OF FATHER** (city, state) Caldwell, Idaho

4. **FULL NAME OF CHILD** Paul Othneil Broxon
7. Twin or Triplet No If so—born 1st, 2nd, 3rd _____

6. Sex Male
10. **FATHER OF CHILD**
FULL NAME Charles Oliver Broxon
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Saturn, Whitney Co., Indiana
(City or town) (State or foreign country)
14. Exact Occupation School Teacher
15. Industry or Business Education

5. Date of Birth of Child (Month, day, year) Febr. 28, 1895
8. No. months of Pregnancy 9 9. Legitimate? Yes

16. **MOTHER OF CHILD**
FULL MAIDEN NAME Linnie Delight Rich
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Zanesville, Indiana
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 12:45 P.M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Linnie Broxon
who is related as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of California } ss.
County of Los Angeles

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, (Mother, etc.)
above, that I am now 83 years of age, that I have known this person for 57 years, and that
Dr. Smith who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Linnie Delight Broxon Signature
323 E. Palm Ave., Monrovia, Calif. P.O. Address

Subscribed and sworn to before me this 27 day of April, 19 52
(SEAL) L. J. Lamore Notary Public, residing at Monrovia
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My com Exp 7-22-53
Received for filing on April 24, 1952 by W. W. Benson Registrar.

APR 25 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELETED

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2724
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Fred Delos Hood</i>				2. Date (month) (day) (year) <i>May 31 1895</i>		
	3. Color or Race <i>White</i>	4. Sex <i>Male</i>	5. Place of Birth a. County <i>The Cammon</i>		b. City or Town of Birth <i>Nebraska</i>		
FATHER	6. Full Name of Father <i>Uriah S. Hood</i>				7. State or Country of Father's Birth <i>Nebraska</i>		
MOTHER	8. Full Maiden Name of Mother <i>Emma Jennie Priest (Hickman) (Hood)</i>				9. State or Country of Mother's Birth <i>Kansas</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant <i>Fred D. Hood</i>		11. Present Address of Registrant <i>2249 Quincy St. Ogden Utah.</i>		
NOTARY (Seal)	Subscribed and sworn to before me on <i>April 24th 1952</i>		12. Signature of Notary <i>H. Riley Jr.</i>		13. Notary Commission expires <i>March 19, 1955</i>		

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <i>Census Record</i>		By whom issued and signed <i>Department of Commerce Bureau of the Census</i>	Date issued	Date Orig. Entry <i>1900 Census</i>
	Date of Birth <i>5 yrs old</i>	Birth Place <i>Idaho</i>	Full Name of Mother <i>Emmia J. and</i>	Name of Father <i>Uriah S. Hood</i>	
SUPPORTING RECORD 2-	Type of Document <i>Honorable Discharge</i>		By whom issued and signed <i>U. S. Army</i>	Date issued	Date Orig. Entry <i>Apr. 30, 1919</i>
	Date of Birth <i>22 yrs old</i>	Birth Place <i>McCammon, Idaho</i>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3-	Type of Document <i>Application for Insurance</i>		By whom issued and signed <i>New York Life</i>	Date issued	Date Orig. Entry <i>Apr. 10, 1922</i>
	Date of Birth <i>May 31, 1895</i>	Birth Place <i>Idaho</i>	Full Name of Mother	Name of Father	

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. W. Benson</i>	Evidence reviewed by <i>Mark H. Hedges</i>	Date Filed <i>Apr. 28, 1952</i>

Division of Investigation
U. S. Department of Justice
Washington, D. C. 20535

STATE OF IDAHO
DEPARTMENT OF REVENUE
TAXPAYER'S NAME
ADDRESS
CITY
COUNTY
STATE
ZIP
DATE
BY
OFFICIAL

1. Place of Birth _____
 2. County _____
 3. State _____
 4. Date of Birth _____
 5. Signature of Registrant _____
 6. Signature of Agent _____
 7. Date of Registration _____
 8. Date of Expiration _____
 9. Date of Renewal _____
 10. Date of Termination _____
 11. Date of Revocation _____
 12. Date of Suspension _____
 13. Date of Reinstatement _____
 14. Date of Withdrawal _____
 15. Date of Death _____
 16. Date of Discharge _____
 17. Date of Release _____
 18. Date of Parole _____
 19. Date of Probation _____
 20. Date of Pardon _____
 21. Date of Amnesty _____
 22. Date of Naturalization _____
 23. Date of Citizenship _____
 24. Date of Residency _____
 25. Date of Domicile _____
 26. Date of Abode _____
 27. Date of Habitation _____
 28. Date of Dwelling _____
 29. Date of Lodging _____
 30. Date of Quarters _____
 31. Date of Accommodation _____
 32. Date of Residence _____
 33. Date of Inhabitation _____
 34. Date of Occupancy _____
 35. Date of Possession _____
 36. Date of Tenure _____
 37. Date of Estate _____
 38. Date of Property _____
 39. Date of Ownership _____
 40. Date of Title _____
 41. Date of Interest _____
 42. Date of Right _____
 43. Date of Claim _____
 44. Date of Demand _____
 45. Date of Requirement _____
 46. Date of Necessity _____
 47. Date of Urgency _____
 48. Date of Importance _____
 49. Date of Significance _____
 50. Date of Consequence _____
 51. Date of Result _____
 52. Date of Effect _____
 53. Date of Influence _____
 54. Date of Power _____
 55. Date of Authority _____
 56. Date of Jurisdiction _____
 57. Date of Competence _____
 58. Date of Capacity _____
 59. Date of Ability _____
 60. Date of Power _____
 61. Date of Authority _____
 62. Date of Jurisdiction _____
 63. Date of Competence _____
 64. Date of Capacity _____
 65. Date of Ability _____
 66. Date of Power _____
 67. Date of Authority _____
 68. Date of Jurisdiction _____
 69. Date of Competence _____
 70. Date of Capacity _____
 71. Date of Ability _____
 72. Date of Power _____
 73. Date of Authority _____
 74. Date of Jurisdiction _____
 75. Date of Competence _____
 76. Date of Capacity _____
 77. Date of Ability _____
 78. Date of Power _____
 79. Date of Authority _____
 80. Date of Jurisdiction _____
 81. Date of Competence _____
 82. Date of Capacity _____
 83. Date of Ability _____
 84. Date of Power _____
 85. Date of Authority _____
 86. Date of Jurisdiction _____
 87. Date of Competence _____
 88. Date of Capacity _____
 89. Date of Ability _____
 90. Date of Power _____
 91. Date of Authority _____
 92. Date of Jurisdiction _____
 93. Date of Competence _____
 94. Date of Capacity _____
 95. Date of Ability _____
 96. Date of Power _____
 97. Date of Authority _____
 98. Date of Jurisdiction _____
 99. Date of Competence _____
 100. Date of Capacity _____
 101. Date of Ability _____
 102. Date of Power _____
 103. Date of Authority _____
 104. Date of Jurisdiction _____
 105. Date of Competence _____
 106. Date of Capacity _____
 107. Date of Ability _____
 108. Date of Power _____
 109. Date of Authority _____
 110. Date of Jurisdiction _____
 111. Date of Competence _____
 112. Date of Capacity _____
 113. Date of Ability _____
 114. Date of Power _____
 115. Date of Authority _____
 116. Date of Jurisdiction _____
 117. Date of Competence _____
 118. Date of Capacity _____
 119. Date of Ability _____
 120. Date of Power _____
 121. Date of Authority _____
 122. Date of Jurisdiction _____
 123. Date of Competence _____
 124. Date of Capacity _____
 125. Date of Ability _____
 126. Date of Power _____
 127. Date of Authority _____
 128. Date of Jurisdiction _____
 129. Date of Competence _____
 130. Date of Capacity _____
 131. Date of Ability _____
 132. Date of Power _____
 133. Date of Authority _____
 134. Date of Jurisdiction _____
 135. Date of Competence _____
 136. Date of Capacity _____
 137. Date of Ability _____
 138. Date of Power _____
 139. Date of Authority _____
 140. Date of Jurisdiction _____
 141. Date of Competence _____
 142. Date of Capacity _____
 143. Date of Ability _____
 144. Date of Power _____
 145. Date of Authority _____
 146. Date of Jurisdiction _____
 147. Date of Competence _____
 148. Date of Capacity _____
 149. Date of Ability _____
 150. Date of Power _____
 151. Date of Authority _____
 152. Date of Jurisdiction _____
 153. Date of Competence _____
 154. Date of Capacity _____
 155. Date of Ability _____
 156. Date of Power _____
 157. Date of Authority _____
 158. Date of Jurisdiction _____
 159. Date of Competence _____
 160. Date of Capacity _____
 161. Date of Ability _____
 162. Date of Power _____
 163. Date of Authority _____
 164. Date of Jurisdiction _____
 165. Date of Competence _____
 166. Date of Capacity _____
 167. Date of Ability _____
 168. Date of Power _____
 169. Date of Authority _____
 170. Date of Jurisdiction _____
 171. Date of Competence _____
 172. Date of Capacity _____
 173. Date of Ability _____
 174. Date of Power _____
 175. Date of Authority _____
 176. Date of Jurisdiction _____
 177. Date of Competence _____
 178. Date of Capacity _____
 179. Date of Ability _____
 180. Date of Power _____
 181. Date of Authority _____
 182. Date of Jurisdiction _____
 183. Date of Competence _____
 184. Date of Capacity _____
 185. Date of Ability _____
 186. Date of Power _____
 187. Date of Authority _____
 188. Date of Jurisdiction _____
 189. Date of Competence _____
 190. Date of Capacity _____
 191. Date of Ability _____
 192. Date of Power _____
 193. Date of Authority _____
 194. Date of Jurisdiction _____
 195. Date of Competence _____
 196. Date of Capacity _____
 197. Date of Ability _____
 198. Date of Power _____
 199. Date of Authority _____
 200. Date of Jurisdiction _____
 201. Date of Competence _____
 202. Date of Capacity _____
 203. Date of Ability _____
 204. Date of Power _____
 205. Date of Authority _____
 206. Date of Jurisdiction _____
 207. Date of Competence _____
 208. Date of Capacity _____
 209. Date of Ability _____
 210. Date of Power _____
 211. Date of Authority _____
 212. Date of Jurisdiction _____
 213. Date of Competence _____
 214. Date of Capacity _____
 215. Date of Ability _____
 216. Date of Power _____
 217. Date of Authority _____
 218. Date of Jurisdiction _____
 219. Date of Competence _____
 220. Date of Capacity _____
 221. Date of Ability _____
 222. Date of Power _____
 223. Date of Authority _____
 224. Date of Jurisdiction _____
 225. Date of Competence _____
 226. Date of Capacity _____
 227. Date of Ability _____
 228. Date of Power _____
 229. Date of Authority _____
 230. Date of Jurisdiction _____
 231. Date of Competence _____
 232. Date of Capacity _____
 233. Date of Ability _____
 234. Date of Power _____
 235. Date of Authority _____
 236. Date of Jurisdiction _____
 237. Date of Competence _____
 238. Date of Capacity _____
 239. Date of Ability _____
 240. Date of Power _____
 241. Date of Authority _____
 242. Date of Jurisdiction _____
 243. Date of Competence _____
 244. Date of Capacity _____
 245. Date of Ability _____
 246. Date of Power _____
 247. Date of Authority _____
 248. Date of Jurisdiction _____
 249. Date of Competence _____
 250. Date of Capacity _____
 251. Date of Ability _____
 252. Date of Power _____
 253. Date of Authority _____
 254. Date of Jurisdiction _____
 255. Date of Competence _____
 256. Date of Capacity _____
 257. Date of Ability _____
 258. Date of Power _____
 259. Date of Authority _____
 260. Date of Jurisdiction _____
 261. Date of Competence _____
 262. Date of Capacity _____
 263. Date of Ability _____
 264. Date of Power _____
 265. Date of Authority _____
 266. Date of Jurisdiction _____
 267. Date of Competence _____
 268. Date of Capacity _____
 269. Date of Ability _____
 270. Date of Power _____
 271. Date of Authority _____
 272. Date of Jurisdiction _____
 273. Date of Competence _____
 274. Date of Capacity _____
 275. Date of Ability _____
 276. Date of Power _____
 277. Date of Authority _____
 278. Date of Jurisdiction _____
 279. Date of Competence _____
 280. Date of Capacity _____
 281. Date of Ability _____
 282. Date of Power _____
 283. Date of Authority _____
 284. Date of Jurisdiction _____
 285. Date of Competence _____
 286. Date of Capacity _____
 287. Date of Ability _____
 288. Date of Power _____
 289. Date of Authority _____
 290. Date of Jurisdiction _____
 291. Date of Competence _____
 292. Date of Capacity _____
 293

[illegible]

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

[illegible]

141

0613

DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De52-2733
 Local Reg. No. _____
 Reg. Dist. No. _____

APR 20 1952

| | | | | | |
|--|---|------------------|-----------------------------------|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Hazel Victoria Smith | | | 2. Date of Birth
Nov. 7, 1895 | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth
Latah County | b. City or Town of Birth
Kendrick, Idaho | |
| FATHER | 6. Full Name of Father
Leroy Martin Smith | | | 7. State or Country of Father's Birth
Indiana | |
| MOTHER | 8. Full Maiden Name of Mother
Harriet Bell Hill | | | 9. State or Country of Mother's Birth
Oregon | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
Hazel V. Smith Mumau | 11. Present Address of Registrant
Tensed, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
April 2 1952 | | | 12. Signature of Notary
Jean Wegelius | 13. Notary Commission expires
Oct. 26 1952 |

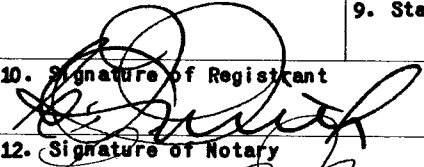

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|----------------------|---|-----------------------------|-----------------------------------|
| SUPPORTING RECORD 1. | Type of Document
Insurance Policy | | By whom issued and signed
Grange Mutual Life | Date issued | Date Orig. Entry
Feb. 28, 1947 |
| | Date of Birth
Nov. 7, 1895 | Birth Place
Idaho | Full Name of Mother | Name of Father | |
| SUPPORTING RECORD 2. | Type of Document
Affidavit by brother | | By whom issued and signed
Ora O. Smith | Date issued
Apr. 2, 1952 | Date Orig. Entry |
| | Date of Birth
Nov. 7, 1895 | Birth Place | Full Name of Mother | Name of Father | |
| SUPPORTING RECORD 3. | Type of Document
Affidavit by Uncle | | By whom issued and signed
Joseph F. Hill | Date issued
Apr. 2, 1952 | Date Orig. Entry |
| | Date of Birth
Nov. 7, 1895 | Birth Place | Full Name of Mother | Name of Father | |

| | | | | | |
|-------------------------------------|--|--|-------------------------------------|--|-----------------------------|
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
[Signature] | | Date Filed
Apr. 30, 1952 |

* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.


DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De52-2739
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | |
|---|---|-----------------------|---|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Charles Frederick Smith | | 2. Date of Birth (month) (day) (year)
April 14 1895 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Ada | 6. City or Town of Birth
Boise Idaho |
| FATHER | 6. Full Name of Father
Nathan Lockwood Smith | | 7. State or Country of Father's Birth
Ohio | |
| MOTHER | 8. Full Maiden Name of Mother
Ella Avery Smith | | 9. State or Country of Mother's Birth
New York | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant
 | |
| NOTARY (Seal) | Subscribed and sworn to before me on
April 28 19 52 | | 11. Present Address of Registrant
444 Sherman Street
Denver 9, Colorado
12. Signature of Notary

13. Notary Commission expires
June 12 19 52 | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|---|------------------------------------|---|--|--|
| SUPPORTING RECORD 1. | Type of Document
Census Record | | By whom issued and signed
Department of Commerce
Bureau of the Census | | Date issued
1900 Census |
| | Date of Birth
5 yrs old | Birth Place
Idaho | Full Name of Mother
Ella and | | Name of Father
Nathan L. Smith |
| SUPPORTING RECORD 2. | Type of Document
School Record | | By whom issued and signed
Boise Public Schools | | Date issued
3-7-52 |
| | Date of Birth
8 yrs old | Birth Place | Full Name of Mother | | Date Orig. Entry
1903-4 |
| SUPPORTING RECORD 3. | Type of Document
Insurance Policy | | By whom issued and signed
Banker's Union Life Insurance Co. | | Date issued
June 22, 1934 |
| | Date of Birth
April 14, 1895 | Birth Place
Boise, Idaho | Full Name of Mother | | Name of Father |

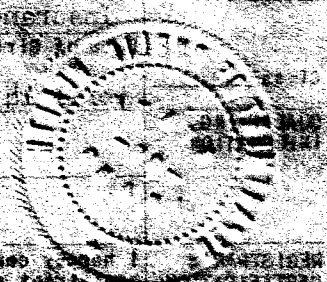
QUALIFYING INFORMATION

| | | | |
|--|--|--|----------------------------------|
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
 | Date Filed
May 1, 1952 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAWARE CERTIFICATE OF BIRTH STATE OF DELAWARE

| | | | | | |
|---|--|--|--|---|--|
| 1. Registrar's full name at birth
Charles W. Woodworth Smith | | 2. Place of birth
Adams | | 3. Date of birth
March 14, 1921 | |
| 4. Full name of father
Nathan Lockwood Smith | | 5. Full name of mother
Ella (Avery) Smith | | 6. State of birth of father
Ohio | |
| 7. State of birth of mother
New York | | 8. Present address of registrant
141 Sherman Street
Denver 9, Colorado | | 9. Birth certificate number
15 | |
| 10. Date of issuance
April 1921 | | 11. Date of birth
March 14, 1921 | | 12. Date of filing
March 15, 1921 | |
| 13. Name of father
Nathan Lockwood Smith | | 14. Name of mother
Ella (Avery) Smith | | 15. Name of father
Nathan Lockwood Smith | |
| 16. Name of mother
Ella (Avery) Smith | | 17. Name of father
Nathan Lockwood Smith | | 18. Name of mother
Ella (Avery) Smith | |
| 19. Name of father
Nathan Lockwood Smith | | 20. Name of mother
Ella (Avery) Smith | | 21. Name of father
Nathan Lockwood Smith | |
| 22. Name of mother
Ella (Avery) Smith | | 23. Name of father
Nathan Lockwood Smith | | 24. Name of mother
Ella (Avery) Smith | |



I hereby certify that no other birth certificate has been issued in the Division of Vital Statistics for this
 registrant and that documentary evidence has been reviewed when submitted. The facts are set forth in the
 following abstract:
 State Registrar
 W. W. Pearson
 Date filed
 April 15, 1921

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2821
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|-------------------------|---|----------------------------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Inez Parrish Rich</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>3</u> <u>26</u> '95 | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Female</u> | 5. Place of Birth
<u>Elba, Idaho</u> | a. County
<u>Cassia</u> | b. City or Town of Birth | |
| FATHER | 6. Full Name of Father
<u>Samuel J. Rich</u> | | | | 7. State or Country of Father's Birth
<u>Idaho</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Sarah Inez Parrish</u> | | | | 9. State or Country of Mother's Birth
<u>Idaho</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Inez R. Jones</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>May 15</u> 19 <u>52</u> | | | | 11. Present Address of Registrant
<u>Cedar City, Ut.</u> | |
| | 12. Signature of Notary
<u>Edw. D. Perrett</u> | | | | 13. Notary Commission expires
<u>July 7</u> 19 <u>52</u> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|---|-----------------------------------|---|---|---|
| SUPPORTING
RECORD 1. | Type of Document
<u>Church Record</u> | | By whom issued and signed
<u>L. D. S. Church</u> | Date issued
<u>Apr. 25, 1952</u> | Date Orig. Entry
<u>Baptised 11-5-1916</u> |
| | Date of Birth
<u>3-26-1895</u> | Birth Place
<u>Elba, Idaho</u> | Full Name of Mother
<u>Inez Parrish</u> | Name of Father
<u>Samuel J. Rich</u> | |
| SUPPORTING
RECORD 2. | Type of Document
<u>Marriage License</u> | | By whom issued and signed
<u>State of Utah
County of Salt Lake</u> | Date issued | Date Orig. Entry
<u>11-27-1916</u> |
| | Date of Birth
<u>21 years old</u> | Birth Place | Full Name of Mother | Name of Father | |
| SUPPORTING
RECORD 3. | Type of Document
<u>Marriage License</u> | | By whom issued and signed
<u>State of Utah
County of Salt Lake</u> | Date issued | Date Orig. Entry
<u>Apr. 18, 1944</u> |
| | Date of Birth
<u>49 yrs old</u> | Birth Place | Full Name of Mother | Name of Father | |

| | | | |
|--|--|----------------------|-----------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<u>W. W. Benson</u> | Evidence reviewed by | Date Filed
<u>May 19, 1952</u> |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAWARE CERTIFICATE OF BIRTH STATE OF DELAWARE

Department of Public Health
Division of Vital Statistics
Sole of Birth

State File No. 123-4567
Local Reg. No.
Med. Dist. No.

1. Registered a full name at Birth
2. Date of Birth
3. Place of Birth
4. Sex
5. Race
6. Color
7. Religion
8. Occupation
9. Education
10. Marital Status
11. Name of Father
12. Name of Mother
13. Name of Grandfather
14. Name of Grandmother
15. Name of Great-grandfather
16. Name of Great-grandmother
17. Name of Great-great-grandfather
18. Name of Great-great-grandmother
19. Name of Great-great-great-grandfather
20. Name of Great-great-great-grandmother

1. State of County of Father's Birth
2. State of County of Mother's Birth
3. Present Address of Registrant
4. Signature of Registrant
5. Signature of Registrar
6. Signature of Notary
7. Signature of Clerk
8. Signature of Deputy Clerk
9. Signature of Assistant Clerk
10. Signature of Assistant Deputy Clerk
11. Signature of Assistant Assistant Clerk
12. Signature of Assistant Assistant Deputy Clerk
13. Signature of Assistant Assistant Assistant Clerk
14. Signature of Assistant Assistant Assistant Deputy Clerk
15. Signature of Assistant Assistant Assistant Assistant Clerk
16. Signature of Assistant Assistant Assistant Assistant Deputy Clerk
17. Signature of Assistant Assistant Assistant Assistant Assistant Clerk
18. Signature of Assistant Assistant Assistant Assistant Assistant Deputy Clerk
19. Signature of Assistant Assistant Assistant Assistant Assistant Assistant Clerk
20. Signature of Assistant Assistant Assistant Assistant Assistant Assistant Deputy Clerk

1. Date of Birth
2. Place of Birth
3. Sex
4. Race
5. Color
6. Religion
7. Occupation
8. Education
9. Marital Status
10. Name of Father
11. Name of Mother
12. Name of Grandfather
13. Name of Grandmother
14. Name of Great-grandfather
15. Name of Great-grandmother
16. Name of Great-great-grandfather
17. Name of Great-great-grandmother
18. Name of Great-great-great-grandfather
19. Name of Great-great-great-grandmother
20. Name of Great-great-great-great-grandfather

1. Date of Birth
2. Place of Birth
3. Sex
4. Race
5. Color
6. Religion
7. Occupation
8. Education
9. Marital Status
10. Name of Father
11. Name of Mother
12. Name of Grandfather
13. Name of Grandmother
14. Name of Great-grandfather
15. Name of Great-grandmother
16. Name of Great-great-grandfather
17. Name of Great-great-grandmother
18. Name of Great-great-great-grandfather
19. Name of Great-great-great-grandmother
20. Name of Great-great-great-great-grandfather

1. Date of Birth
2. Place of Birth
3. Sex
4. Race
5. Color
6. Religion
7. Occupation
8. Education
9. Marital Status
10. Name of Father
11. Name of Mother
12. Name of Grandfather
13. Name of Grandmother
14. Name of Great-grandfather
15. Name of Great-grandmother
16. Name of Great-great-grandfather
17. Name of Great-great-grandmother
18. Name of Great-great-great-grandfather
19. Name of Great-great-great-grandmother
20. Name of Great-great-great-great-grandfather

1. Date of Birth
2. Place of Birth
3. Sex
4. Race
5. Color
6. Religion
7. Occupation
8. Education
9. Marital Status
10. Name of Father
11. Name of Mother
12. Name of Grandfather
13. Name of Grandmother
14. Name of Great-grandfather
15. Name of Great-grandmother
16. Name of Great-great-grandfather
17. Name of Great-great-grandmother
18. Name of Great-great-great-grandfather
19. Name of Great-great-great-grandmother
20. Name of Great-great-great-great-grandfather

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De52-2921
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | | |
|--|---|-------------------------|-----------------------------------|--|--|--|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>Rhoda Elizabeth McCleery</u> | | | | 2. Date (month) (day) (year)
Birth <u>7</u> <u>28</u> <u>1895</u> | | | |
| | 3. Color or Race
<u>white</u> | 4. Sex
<u>Female</u> | 5. Place of Birth
<u>Idaho</u> | a. County
<u>Oneida</u> | b. City or Town of Birth
<u>Preston (Whitney)</u> | | | |
| FATHER | 6. Full Name of Father
<u>Nephi McCleery</u> | | | | 7. State or Country of Father's Birth
<u>England</u> | | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Eliza Ann Seal</u> | | | | 9. State or Country of Mother's Birth
<u>England</u> | | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Rhoda E. Wengren</u> | | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>June 12</u> <u>19 52</u> | | | | 11. Present Address of Registrant
<u>General Delivery, Vista, Calif</u> | | | |
| | | | | | 12. Signature of Notary
<u>Donald J. Humphrey</u> | | | |
| | | | | 13. Notary Commission expires
<u>My Commission Expires Oct. 14, 195</u> <u>19</u> | | | | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|----------------------|---|-------------------------------|--|---|-------------------------------------|
| SUPPORTING RECORD 1. | Type of Document
<u>Certificate of Baptism</u> | | By whom issued and signed
<u>Ella D. Jack, Sustodian of Church Membership Records</u> | Date issued
<u>2/4/52</u> | Date Orig. Entry
<u>8/2/03</u> |
| | Date of Birth
<u>7/28/1895</u> | Birth Place
<u>Whitney</u> | Full Name of Mother
<u>Eliza Ann Seal</u> | Name of Father
<u>Nephi McCleery</u> | |
| SUPPORTING RECORD 2. | Type of Document
<u>Census of year 1900</u> | | By whom issued and signed
<u>Roy V. Peel, Direct. of Bur. of Census</u> | Date issued
<u>4/30/52</u> | Date Orig. Entry
<u>6/1/1900</u> |
| | Date of Birth
<u>July 1895</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>Rhoda E. McCleery</u> | Name of Father
<u>Nephi McCleery</u> | |
| SUPPORTING RECORD 3. | Type of Document
<u>Insurance policy</u> | | By whom issued and signed
<u>Metropolitan Life Ins. Co.</u> | Date issued
<u>1-1-38</u> | Date Orig. Entry
<u>1-1-38</u> |
| | Date of Birth
<u>43 years old</u> | Birth Place
<u>XXXX</u> | Full Name of Mother
<u>XXXX</u> | Name of Father
<u>XXXX</u> | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|--|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<u>W. W. Benson</u> | Evidence reviewed by
<u>Edna Hamilton</u> | Date Filed
<u>June 17, 1952</u> |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

010000 4 19813
010000 5 19813
0000 000 0000

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2946
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | |
|--|---|-----------------------|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
ROBERT JOSEPH BROWN | | | 2. Date (month) (day) (year)
Of Birth September 18, 1895 | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth a. County
Nez Perce | b. City or Town of Birth
Lewiston, | |
| FATHER | 6. Full Name of Father
Samuel Houston Brown | | | 7. State or Country of Father's Birth
Texas | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Julia Frances Tool | | | 9. State or Country of Mother's Birth
Kentucky | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Robert Joseph Brown</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>June 23, 1952</i> | | | 11. Present Address of Registrant
1312 S. Fell Ave.
Normal, Illinois | |
| | | | | 12. Signature of Notary
<i>Julia Carmady</i> | |
| | | | | 13. Notary Commission expires
<i>Sept. 16 1953</i> | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|---|--|--|--|--|
| SUPPORTING
RECORD 1. | Type of Document
Honorable Discharge | | By whom issued and signed
United States Army | | Date issued |
| | Date of Birth
22 yrs 9 mo. Lewiston, Idaho | | Full Name of Mother | | Date Orig. Entry
Aug. 27, 1919 |
| Class <u>B</u> | Birth Place | | Name of Father | | |
| SUPPORTING
RECORD 2. | Type of Document
Employment Record | | By whom issued and signed
Gulf Mobile & Ohio R. R. Co. | | Date issued |
| | Date of Birth
Sept. 18, 1895 | | Full Name of Mother | | Date Orig. Entry
11-25-1916 |
| Class <u>B</u> | Birth Place | | Name of Father | | |
| SUPPORTING
RECORD 3. | Type of Document
Insurance Policy | | By whom issued and signed
Union Central Life Insurance Co. | | Date issued |
| | Date of Birth
Sept. 18, 1895, Lewiston, Idaho | | Full Name of Mother | | Date Orig. Entry
July 1, 1933 |
| Class <u>B</u> | Birth Place | | Name of Father | | |

| | | | |
|--|--|---|------------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
<i>Malcolm H. Edgar</i> | Date Filed
June 24, 1952 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

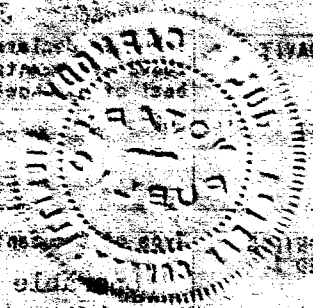
DELAID CERTIFICATE OF BIRTH

STATE OF IOWA

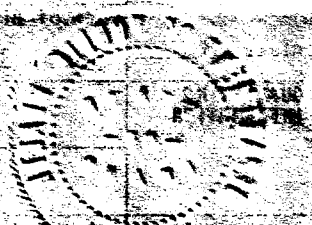
Department of Public Health
Division of Vital Statistics
Des Moines, Iowa

JUN 24 1933

| | | | | | | | | | | | | | | | | | | | | | | | |
|------------------|--|------------------|--|------------------|--|------------------|--|------------------|--|-------------------|--|------------------|--|------------------|--|------------------|--|------------------|--|------------------|--|------------------|--|
| Name of Child | | Sex | | Date of Birth | | Place of Birth | | Time of Birth | | Weight | | Length | | Head | | Temp | | Pulse | | Respiration | | Remarks | |
| JAMES E. HANCOCK | | Male | | June 24, 1933 | | Des Moines, Iowa | | 10:30 A.M. | | 7.5 lbs. | | 20 in. | | 13.5 in. | | 98.6 F. | | 100 | | 18 | | Normal | |
| Name of Mother | | Name of Father | | Name of Doctor | | Name of Nurse | | Name of Midwife | | Name of Registrar | | Name of Clerk | | Name of Auditor | | Name of Compiler | | Name of Reviewer | | Name of Approver | | Name of Signer | |
| JAMES E. HANCOCK | | JAMES E. HANCOCK | | JAMES E. HANCOCK | | JAMES E. HANCOCK | | JAMES E. HANCOCK | | JAMES E. HANCOCK | | JAMES E. HANCOCK | | JAMES E. HANCOCK | | JAMES E. HANCOCK | | JAMES E. HANCOCK | | JAMES E. HANCOCK | | JAMES E. HANCOCK | |



| | | | | | | | | | | | | | | | | | | | | | | | |
|------------------|--|------------------|--|------------------|--|------------------|--|------------------|--|-------------------|--|------------------|--|------------------|--|------------------|--|------------------|--|------------------|--|------------------|--|
| Name of Child | | Sex | | Date of Birth | | Place of Birth | | Time of Birth | | Weight | | Length | | Head | | Temp | | Pulse | | Respiration | | Remarks | |
| JAMES E. HANCOCK | | Male | | June 24, 1933 | | Des Moines, Iowa | | 10:30 A.M. | | 7.5 lbs. | | 20 in. | | 13.5 in. | | 98.6 F. | | 100 | | 18 | | Normal | |
| Name of Mother | | Name of Father | | Name of Doctor | | Name of Nurse | | Name of Midwife | | Name of Registrar | | Name of Clerk | | Name of Auditor | | Name of Compiler | | Name of Reviewer | | Name of Approver | | Name of Signer | |
| JAMES E. HANCOCK | | JAMES E. HANCOCK | | JAMES E. HANCOCK | | JAMES E. HANCOCK | | JAMES E. HANCOCK | | JAMES E. HANCOCK | | JAMES E. HANCOCK | | JAMES E. HANCOCK | | JAMES E. HANCOCK | | JAMES E. HANCOCK | | JAMES E. HANCOCK | | JAMES E. HANCOCK | |



This certificate is a true and correct copy of the original as filed in the office of the Registrar of Births and Deaths, State of Iowa, at Des Moines, Iowa, on June 24, 1933.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

253-209-032-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JUL 11 1952

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 2994
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
 - (a) County Lincoln
 - (b) City Toponis
 - (c) Street Address or R.F.D. No. _____
 - (d) Name of Hospital or Maternity Home: _____
 - (e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 - (a) State Idaho
 - (b) County Lincoln
 - (c) City Toponis
 - (d) Street Address or R.F.D. No. _____
 - (e) How long has **MOTHER** lived in Idaho? 14 yrs.
3. **RESIDENCE OF FATHER** (city, state) Toponis
4. **FULL NAME OF CHILD** Bertha Lucille Kelly
5. **Date of Birth of Child**
(Month, day, year) April 9, 1895
6. **Sex** Female
7. **Twin or Triplet** _____ If so—born 1st, 2nd, 3rd _____
8. **No. months of Pregnancy** 9
9. **Legitimate?** yes
10. **FATHER OF CHILD**
 10. **FULL NAME** William Benson Kelly
 11. **Color or Race** white
 12. **Age at time of THIS birth** 29 yrs.
 13. **Birthplace** Union Utah
(City or town) (State or foreign country)
 14. **Exact Occupation** Farmer
 15. **Industry or Business** Farming
16. **MOTHER OF CHILD**
 16. **FULL MAIDEN NAME** Nina Severe
 17. **Color or Race** white
 18. **Age at time of THIS birth** 22 yrs.
 19. **Birthplace** Grantsville Utah
(City or town) (State or foreign country)
 20. **Exact Occupation** Housewife
 21. **Industry or Business** Housewife
22. **Name prophylactic used to prevent Ophthalmia Neonatorum** _____
23. **Number of children of this mother:** (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)
25. **Attendant's OWN signature** _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of IDAHO
County of LINCOLN } ss.

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 51 years, and that MRS. L.W. SEVERE (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 10TH day of JUNE, 1952
(SEAL) Frank Fowler, Clerk Dist. Court Notary Public, residing at Gooding, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 11, 1952 by W. W. Benson, Registrar

JUL 14 1933

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED CERTIFICATION OF BIRTH
 STATE OF IDAHO

State File No. De52-3044
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | |
|--|---|-------------------------|--------------------------------------|----------------------------|---|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<u>Bertha Burge Wayte</u> | | | | 2. Date of Birth
April 27 1895
(month) (day) (year) | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Female</u> | 5. Place of Birth
<u>Mtn Home</u> | a. County
<u>Elmore</u> | b. City or Town of Birth
<u>Mountain Home</u> | |
| FATHER | 6. Full Name of Father
<u>Thomas Henry Wayte</u> | | | | 7. State or Country of Father's Birth
<u>England</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Anna Elizabeth Burge</u> | | | | 9. State or Country of Mother's Birth
<u>LaFayette, California</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Bertha Burge Wayte Sunday</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>July 24, 1952</u> | | | | 11. Present Address of Registrant
<u>Coeur d'Alene, Ida</u> | |
| | 12. Signature of Notary
<u>Jarvis W. Washburn</u> | | | | 13. Notary Commission expires
<u>Jan. 24, 1955</u> | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---------------------|--|---------------------------------------|---|---------------------------------------|---|
| SUPPORTING RECORD 1 | Type of Document
<u>Certificate of Baptism</u> | | By whom issued and signed
<u>Boise, St. John's Cathedral, Idaho</u> | Date issued
<u>3-24-52</u> | Date Orig. Entry
<u>July 20, 1915</u> |
| | Date of Birth
<u>4-27-1895</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>Anna Elizabeth Burge</u> | Name of Father
<u>Thomas Wayte</u> | |
| SUPPORTING RECORD 2 | Type of Document
<u>Census Record</u> | | By whom issued and signed
<u>Department of Commerce Bureau of the Census</u> | Date issued | Date Orig. Entry
<u>Census of 1920</u> |
| | Date of Birth
<u>24 years old</u> | Birth Place
<u>Idaho</u> | Full Name of Mother | Name of Father | |
| SUPPORTING RECORD 3 | Type of Document
<u>Child's Birth Certificate</u> | | By whom issued and signed
<u>On File B.V.S., State of Idaho # 72837</u> | Date issued | Date Orig. Entry
<u>9-15-1919</u> |
| | Date of Birth
<u>24 years old</u> | Birth Place
<u>Mtn Home, Idaho</u> | Full Name of Mother | Name of Father | |

| | | | |
|-------------------------------------|--|---|------------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<u>W. W. Benson</u> | Evidence reviewed by
<u>Joyce B. Feltz</u> | Date Filed
<u>July 24, 1952</u> |

* Class A Records are those made and dated before the registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

| | | | | | |
|--|---|-------------------------|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>AMY MAY LEMLEY</u> | | | 2. Date (month) (day) (year)
Of Birth <u>Feb.</u> <u>24</u> <u>1895</u> | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Female</u> | 5. Place of Birth a. County
<u>Priest River - Bummer</u> | b. City or Town of Birth
<u>Priest River, Ida.</u> | |
| FATHER | 6. Full Name of Father
<u>Christopher Columbus Lemley</u> | | | 7. State or Country of Father's Birth | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Mabelle Helen Belieu</u> | | | 9. State or Country of Mother's Birth | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<u>Amy May Lemley Pagan</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>July 9</u> 19 <u>54</u> | | | 11. Present Address of Registrant
<u>113 N. Crestline</u> | |
| | 12. Signature of Notary
<u>Edna H. Hughes</u> | | | 13. Notary Commission expires
<u>May 14</u> 19 <u>57</u> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|---|---|--|--|---|
| SUPPORTING
RECORD 1. | Type of Document
<u>Affidavit by daughter of midwife Anna Lawson</u> | | By whom issued and signed | Date issued
<u>7/14/52</u> | Date Orig. Entry |
| | Date of Birth
<u>Feb. 24, 1952</u> | Birth Place
<u>Priest River, Ida.</u> | Full Name of Mother
<u>Helen Belieu Lemley</u> | Name of Father
<u>Christopher Columbus Lemley</u> | |
| SUPPORTING
RECORD 2. | Type of Document
<u>Affidavit by</u> | | By whom issued and signed
<u>Nora M. Murray</u> | Date issued
<u>7/14/52</u> | Date Orig. Entry |
| | Date of Birth
<u>Feb. 1895</u> | Birth Place
<u>Priest River, Ida.</u> | Full Name of Mother | Name of Father
<u>Christopher Columbus Lemley</u> | |
| SUPPORTING
RECORD 3. | Type of Document
<u>Certificate of Marriage</u> | | By whom issued and signed
<u>Justice of the Peace
Spokane, Washington</u> | Date issued | Date Orig. Entry
<u>May 16, 1913</u> |
| | Date of Birth
<u>18 yrs old</u> | Birth Place
<u>Priest River, Idaho</u> | Full Name of Mother | Name of Father | |

| | | | |
|--|--|--|------------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<u>W. W. Benson</u> | Evidence reviewed by
<u>Edna Hamilton</u> | Date Filed
<u>July 25, 1952</u> |

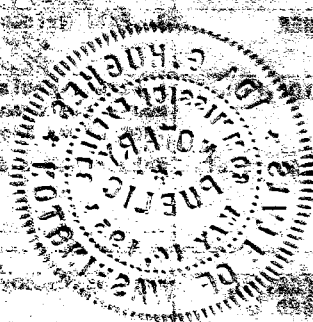
*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

100-1000

DEPARTMENT OF JUSTICE

UNITED STATES OF AMERICA

JUL 28 1952



100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3225
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|-------------------------|---|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Laverna Eynon</u> | | | 2. Date (month) (day) (year)
9 4 1895 | | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Female</u> | 5. Place of Birth a. County
<u>Bingham</u> | | | |
| FATHER
<u>John L. Eynon</u> | 6. Full Name of Father
<u>John L. Eynon</u> | | | 7. State or Country of Father's Birth
<u>Utah</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Lois Ann Curtis</u> | | | 9. State or Country of Mother's Birth
<u>Utah</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<u>Laverna Eynon Stilson</u> | | 11. Present Address of Registrant
<u>Jackson, Wyoming</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>6th day of Sept. 19 52</u> | | | 12. Signature of Notary
<u>Cora A. Hayes</u> | | 13. Notary Commission expires
<u>August 1 19 56</u> |

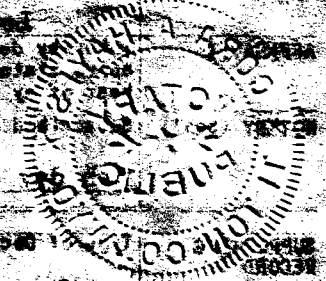
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|-------------------------------------|---|--|--|
| SUPPORTING
RECORD 1. | Type of Document
<u>Genealogical Record</u> | | By whom issued and signed
<u>Family</u> | | Date issued
<u>9-4-1895</u> |
| | Date of Birth
<u>Sept. 4, 1895</u> | Birth Place
<u>Victor, Idaho</u> | Full Name of Mother
<u>Lois Ann Curtis</u> | | Name of Father
<u>John L. Eynon</u> |
| SUPPORTING
RECORD 2. | Type of Document
<u>Church Record</u> | | By whom issued and signed
<u>L. D. S. Church</u> | | Date issued
<u>Oct. 13, 1895</u> |
| | Date of Birth
<u>Sept. 4, 1895</u> | Birth Place
<u>Victor, Idaho</u> | Full Name of Mother
<u>Lois Ann Curtis</u> | | Name of Father
<u>John L. Eynon</u> |
| SUPPORTING
RECORD 3. | Type of Document | | By whom issued and signed | | Date issued |
| | Date of Birth | Birth Place | Full Name of Mother | | Name of Father |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<u>W. W. Benson</u> | | Evidence reviewed by
<u>W. W. Benson</u> | | Date Filed
<u>Sept. 9, 1952</u> |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday and are at least 5 years old.

DELAID, EITL, CATE OF BIRTH STATE OF OHIO

Division of Public Health
Columbus, Ohio

| | |
|-----------------------------|-----------------|
| 1. Name of child | John W. Benson |
| 2. Date of birth | April 1, 1933 |
| 3. Place of birth | London, Ontario |
| 4. Name of father | John W. Benson |
| 5. Name of mother | John W. Benson |
| 6. State of birth of father | Ontario |
| 7. State of birth of mother | Ontario |
| 8. Address of father | London, Ontario |
| 9. Address of mother | London, Ontario |
| 10. Signature of Registrar | [Signature] |
| 11. Signature of Registrar | [Signature] |
| 12. Date of birth | April 1, 1933 |



| | |
|-----------------------------|-----------------|
| 1. Name of child | John W. Benson |
| 2. Date of birth | April 1, 1933 |
| 3. Place of birth | London, Ontario |
| 4. Name of father | John W. Benson |
| 5. Name of mother | John W. Benson |
| 6. State of birth of father | Ontario |
| 7. State of birth of mother | Ontario |
| 8. Address of father | London, Ontario |
| 9. Address of mother | London, Ontario |
| 10. Signature of Registrar | [Signature] |
| 11. Signature of Registrar | [Signature] |
| 12. Date of birth | April 1, 1933 |

| | |
|-----------------------------|-----------------|
| 1. Name of child | John W. Benson |
| 2. Date of birth | April 1, 1933 |
| 3. Place of birth | London, Ontario |
| 4. Name of father | John W. Benson |
| 5. Name of mother | John W. Benson |
| 6. State of birth of father | Ontario |
| 7. State of birth of mother | Ontario |
| 8. Address of father | London, Ontario |
| 9. Address of mother | London, Ontario |
| 10. Signature of Registrar | [Signature] |
| 11. Signature of Registrar | [Signature] |
| 12. Date of birth | April 1, 1933 |

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3278
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | |
|--|---|-----------------------|---|--|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
EDWARD A. STALNAKER | | | | 2. Date (month) (day) (year)
Of Birth MAY 1 1895 | | |
| | 3. Color or Race
WHITE | 4. Sex
MALE | 5. Place of Birth a. County
AHSAHKA, IDAHO CLEARWATER | | b. City or Town of Birth
Ahsahka, IDAHO | | |
| FATHER | 6. Full Name of Father
JAMES ASBURY STALNAKER | | | | 7. State or Country of Father's Birth
RANDOLPH COUNTY, WIS. W. Va. | | |
| MOTHER | 8. Full Maiden Name of Mother
LEEAN STALNAKER | | | | 9. State or Country of Mother's Birth
BEVERLY, COUNTY, WIS. W. Va. | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Edward A. Stalnaker</i> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>9 Aug. 1952</i> | | | | 11. Present Address of Registrant
OROFINO, IDAHO | | |
| | | | | | 12. Signature of Notary
<i>Earl R. Beck</i> | | |
| | | | | | 13. Notary Commission expires
<i>April 14 1956</i> | | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | | |
|--|---------------------------|----------------|--------------------------------------|--|------------------------|------------------|--|
| SUPPORTING
RECORD 1- | Type of Document | | By whom issued and signed | | Date Issued | Date Orig. Entry | |
| | Insurance Policy | | Gem State Mutual Life Assoc. Inc. | | | Sept. 19, 1941 | |
| Class* <u>B</u> | Date of Birth | Birth Place | Full Name of Mother | | Name of Father | | |
| | May 1, 1895 | Ahsahka, Idaho | Pocatello, Idaho | | | | |
| SUPPORTING
RECORD 2- | Type of Document | | By whom issued and signed | | Date Issued | Date Orig. Entry | |
| | Affidavit by | | Jennie B. Brown | | Aug. 9, 1952 | | |
| Class <u>B</u> | Date of Birth | Birth Place | Full Name of Mother | | Name of Father | | |
| | May 1, 1895 | Ahsahka, Idaho | Leean Stalnaker | | James Asbury Stalnaker | | |
| SUPPORTING
RECORD 3- | Type of Document | | By whom issued and signed | | Date Issued | Date Orig. Entry | |
| | Application for Insurance | | Sterling Insurance Co. Chicago, Ill. | | | Aug. 11, 1941 | |
| Class <u>B</u> | Date of Birth | Birth Place | Full Name of Mother | | Name of Father | | |
| | May 1, 1895 | Ahsahka, Idaho | | | | | |

| | | | |
|--|--|--|-------------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
<i>Mabel E. Benson</i> | Date Filed
Sept. 25, 1952 |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3300
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | | |
|--|---|------------------|----------------------------|--------------------|---|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Lulu Bernice Peterson | | | | 2. Date (month) (day) (year)
Of Birth March 6, 1895 | | | |
| | 3. Color or Race
White | 4. Sex
female | 5. Place of Birth
Idaho | a. County
Boise | b. City or Town of Birth
Horseshoe Bend | | | |
| FATHER | 6. Full Name of Father
Christian Peterson | | | | 7. State or Country of Father's Birth
Denmark | | | |
| MOTHER | 8. Full Maiden Name of Mother
May Bell Robb | | | | 9. State or Country of Mother's Birth
Iowa | | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Lulu Bernice Peterson</i> | | 11. Present Address of Registrant
106 E. Jefferson, Boise | |
| NOTARY (Seal) | Subscribed and sworn to before me on
Oct. 2, 1952 19 | | | | 12. Signature of Notary
<i>Mark H. Edger</i> | | 13. Notary Commission expires
May 7, 1953 19 | |

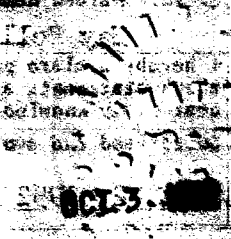
| APPLICANT—DO NOT WRITE BELOW THIS LINE | | | | | |
|--|---|--------------------------------------|--|----------------------------------|--------------------------------|
| SUPPORTING
RECORD 1. | Type of Document
Child's birth certificate | | By whom issued and signed
On file Bureau of Vital Statistics, Boise, Idaho #15532 | Date issued | Date Orig. Entry
11-19-1919 |
| | Date of Birth
24 yrs old, | Birth Place
Horseshoe Bend, | Full Name of Mother
Idaho | Name of Father | |
| Class* B | | | | | |
| SUPPORTING
RECORD 2. | Type of Document
Affidavit by brother | | By whom issued and signed
William A. Peterson | Date issued
Aug. 2, 1952 | Date Orig. Entry |
| | Date of Birth
March 6, 1895, | Birth Place
Horseshoe Bend, Idaho | Full Name of Mother
May Bell Robb | Name of Father
Chris Peterson | |
| Class B | | | | | |
| SUPPORTING
RECORD 3. | Type of Document
Affidavit by Arthur E. Cunningham | | By whom issued and signed | Date issued
Sept. 2, 1952 | Date Orig. Entry |
| | Date of Birth
On or about March 6, 1895 | Birth Place
Horseshoe Bend, Idaho | Full Name of Mother
May Bell Peterson | Name of Father
Chris Peterson | |
| Class B | | | | | |

| | | | |
|--|--|--|----------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
<i>Mark H. Edger</i> | Date Filed
Oct. 2, 1952 |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAWARE CERTIFICATE OF BIRTH STATE OF DELAWARE

| | | | | | |
|--------------------------------------|--|----------------------------------|--|--|--|
| Name of Child
William A. Peterson | | Date of Birth
March 2, 1923 | | Place of Birth
Wilmington, Delaware | |
| Name of Father
Charles Peterson | | Name of Mother
May Nell Hobbs | | Name of Doctor
William A. Peterson | |
| Date Issued
Sept. 2, 1923 | | Date of Birth
March 2, 1923 | | Date of Death
None | |
| Name of Child
William A. Peterson | | Date of Birth
March 2, 1923 | | Place of Birth
Wilmington, Delaware | |
| Name of Father
Charles Peterson | | Name of Mother
May Nell Hobbs | | Name of Doctor
William A. Peterson | |
| Date Issued
Sept. 2, 1923 | | Date of Birth
March 2, 1923 | | Date of Death
None | |
| Name of Child
William A. Peterson | | Date of Birth
March 2, 1923 | | Place of Birth
Wilmington, Delaware | |
| Name of Father
Charles Peterson | | Name of Mother
May Nell Hobbs | | Name of Doctor
William A. Peterson | |
| Date Issued
Sept. 2, 1923 | | Date of Birth
March 2, 1923 | | Date of Death
None | |



I hereby certify that the foregoing birth certificate was duly filed in the Division of Vital Statistics for this State and that accordingly reference has been reviewed, which substantiated the facts as set forth in the foregoing certificate.

State Registrar
 W. W. Peterson

Date Issued
 Sept. 2, 1923

CELEBRATE CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3308
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | |
|--|---|---------------------|--|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>MAUDE ETHEL BIRCH</u> | | | 2. Date (month) (day) (year)
Of Birth <u>January 27, 1895</u> | |
| | 3. Color or Race
<u>white</u> | 4. Sex
<u>F.</u> | 5. Place of Birth a. County
<u>Star</u> <u>Ada County</u> | b. City or Town of Birth
<u>Star, Idaho</u> | |
| FATHER | 6. Full Name of Father
<u>William Birch</u> | | | 7. State or Country of Father's Birth
<u>Sharlotown Prince Alberts Island</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Charlottie Ann Birch</u> | | | 9. State or Country of Mother's Birth
<u>Canada</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<u>Maude Ethel Birch</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on _____ 19____ | | | 11. Present Address of Registrant
<u>Kimberly, Ida.</u> | |
| | | | | 12. Signature of Notary | |
| | | | | 13. Notary Commission expires _____ 19____ | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|--|---|---|---|--|------------------------------------|
| SUPPORTING RECORD 1-

Class <u>A</u> | Type of Document
<u>Family Bible Record</u> | | By whom issued and signed
<u>Charlottie Birch</u> | | Date issued
<u>1895</u> |
| | Date of Birth
<u>Jan 27 1895</u> | Birth Place
<u>Ada County, Idaho</u> | Full Name of Mother
<u>Charlottie Ann Birch</u> | | Date Orig. Entry
<u>1895</u> |
| SUPPORTING RECORD 2-

Class <u>B</u> | Type of Document
<u>Affidavit by older brother</u> | | By whom issued and signed
<u>Arthur L. Birch</u> | | Date issued
<u>9/22/52</u> |
| | Date of Birth
<u>Jan 27 1895</u> | Birth Place
<u>Star, Idaho</u> | Full Name of Mother | | Date Orig. Entry
<u>9/22/52</u> |
| SUPPORTING RECORD 3-

Class <u>B</u> | Type of Document
<u>Child's birth certificate</u> | | By whom issued and signed
<u>Bureau of Vital Statistics
State of Idaho #183192</u> | | Date issued
<u>8/7/30</u> |
| | Date of Birth
<u>35 yrs old</u> | Birth Place
<u>Idaho</u> | Full Name of Mother | | Date Orig. Entry
<u>7/21/30</u> |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | | | | | |
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| State Registrar
<u>W. W. Benson</u> | | | Evidence reviewed by
<u>Eva Karnes</u> | | Date Filed
<u>10/3/52</u> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH

STATE OF IOWA

8088-1008

Local Health No.
Recd. Dist. No.

Division of Vital Statistics
Iowa State Capitol
Des Moines, Iowa

| | | | | | | | |
|---|--|---|--|--|--|--|--|
| <p>1. Date of Birth
January 21, 1907</p> | | <p>2. Place of Birth
State, Iowa</p> | | <p>3. Name of Father
John W. Jones</p> | | <p>4. Name of Mother
Mary E. Jones</p> | |
| <p>5. State of County of Father's Birth
Iowa</p> | | <p>6. State of County of Mother's Birth
Iowa</p> | | <p>7. Name of Father
John W. Jones</p> | | <p>8. Name of Mother
Mary E. Jones</p> | |
| <p>9. Signature of Registrar
<i>[Signature]</i></p> | | <p>10. Signature of Notary
<i>[Signature]</i></p> | | <p>11. Present Address of Registrant
12. Present Address of Notary</p> | | <p>13. Date of Issuance
14. Date of Filing</p> | |

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| <p>15. Name of Father
John W. Jones</p> | | <p>16. Name of Mother
Mary E. Jones</p> | | <p>17. Date of Birth
January 21, 1907</p> | | <p>18. Date of Filing
January 21, 1907</p> | |
| <p>19. Name of Father
John W. Jones</p> | | <p>20. Name of Mother
Mary E. Jones</p> | | <p>21. Date of Birth
January 21, 1907</p> | | <p>22. Date of Filing
January 21, 1907</p> | |
| <p>23. Name of Father
John W. Jones</p> | | <p>24. Name of Mother
Mary E. Jones</p> | | <p>25. Date of Birth
January 21, 1907</p> | | <p>26. Date of Filing
January 21, 1907</p> | |

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| <p>27. Name of Father
John W. Jones</p> | | <p>28. Name of Mother
Mary E. Jones</p> | | <p>29. Date of Birth
January 21, 1907</p> | | <p>30. Date of Filing
January 21, 1907</p> | |
| <p>31. Name of Father
John W. Jones</p> | | <p>32. Name of Mother
Mary E. Jones</p> | | <p>33. Date of Birth
January 21, 1907</p> | | <p>34. Date of Filing
January 21, 1907</p> | |
| <p>35. Name of Father
John W. Jones</p> | | <p>36. Name of Mother
Mary E. Jones</p> | | <p>37. Date of Birth
January 21, 1907</p> | | <p>38. Date of Filing
January 21, 1907</p> | |

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been furnished which substantiates the facts as set forth in the foregoing report.

State Registrar
W. W. Jones

Date Filed
1/31/07

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3312
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|--------------------|--|---------------------------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>John Howard Goodwin</u> | | | | 2. Date
Of Birth
<u>Nov</u> <u>2</u> <u>1895</u> | |
| | 3. Color or Race
<u>W</u> | 4. Sex
<u>M</u> | 5. Place of Birth
<u>Payette Canyon</u> | a. County
<u>Idaho</u> | | |
| FATHER | 6. Full Name of Father
<u>Clifford Goble Goodwin</u> | | | | 7. State or Country of Father's Birth
<u>Ohio</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Sarah Luella Jimerson</u> | | | | 9. State or Country of Mother's Birth
<u>Illinois</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>John H. Goodwin</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on <u>Oct 6</u> <u>1952</u> | | | | 11. Present Address of Registrant
<u>Sweet, Idaho</u> | |
| | 12. Signature of Notary
<u>Mark H. Heden</u> | | | | 13. Notary Commission expires
<u>May 7</u> <u>1953</u> | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|--------------------------------------|--|--|---|
| SUPPORTING
RECORD 1. | Type of Document
<u>Bible Record</u> | | By whom issued and signed
<u>Family Bible</u> | | Date issued
<u>Nov. 2, 1895</u> |
| | Date of Birth
<u>Nov. 2, 1895</u> | Birth Place
<u>Payette, Idaho</u> | Full Name of Mother
<u>Sarah Luella Jimerson</u> | | Name of Father
<u>Clifford Goble Goodwin</u> |
| SUPPORTING
RECORD 2. | Type of Document
<u>Child's birth certificate</u> | | By whom issued and signed
<u>Bureau of Vital Statistics,
Boise, #138966</u> | | Date issued
<u>1-9-1926</u> |
| | Date of Birth
<u>30 yrs old</u> | Birth Place
<u>Payette, Idaho</u> | Full Name of Mother | | Name of Father |
| SUPPORTING
RECORD 3. | Type of Document
<u>Child's birth certificate</u> | | By whom issued and signed
<u>Bureau of Vital Statistics
Boise, #99379</u> | | Date issued
<u>Apr. 1, 1922</u> |
| | Date of Birth
<u>26 yrs old</u> | Birth Place
<u>Payette, Idaho</u> | Full Name of Mother | | Name of Father |

| | | | |
|--|--|--|-----------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<u>W. W. Benson</u> | Evidence reviewed by
<u>Mark H. Heden</u> | Date Filed
<u>Oct. 6, 1952</u> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Oct. 6, 1922

W. H. Hanson
State Registrar

1922
CERTIFICATION

I hereby certify that no entry with certificate has been found in the Division of Vital Statistics for this registration and that documentary evidence has been reviewed which substantiated the facts as set forth in the foregoing abstract.

QUALIFYING
INFORMATION

Class 2 - 20 yrs old, Bayshore, Idaho

Date of Birth - Bayshore, Idaho

Type of Document -

Class 2 - 30 yrs old, Bayshore, Idaho

Date of Birth - Bayshore, Idaho

Type of Document -

Class 2 - Nov. 2, 1902, Bayshore, Idaho

Date of Birth - Bayshore, Idaho

Type of Document -

Class 2 - Nov. 2, 1902, Bayshore, Idaho

Date of Birth - Bayshore, Idaho

Type of Document -

Class 2 - Nov. 2, 1902, Bayshore, Idaho

Date of Birth - Bayshore, Idaho

Type of Document -

Class 2 - Nov. 2, 1902, Bayshore, Idaho

Date of Birth - Bayshore, Idaho

Type of Document -

Name of Father -
Date Issued -
Date Exp. -

Name of Father -
Date Issued -
Date Exp. -

Name of Father -
Date Issued -
Date Exp. -

Name of Father -
Date Issued -
Date Exp. -

Name of Father -
Date Issued -
Date Exp. -

Name of Father -
Date Issued -
Date Exp. -

Name of Father -
Date Issued -
Date Exp. -

Name of Father -
Date Issued -
Date Exp. -

Name of Father -
Date Issued -
Date Exp. -

Name of Father -
Date Issued -
Date Exp. -

Name of Father -
Date Issued -
Date Exp. -

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

362-117-00-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3386
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery:
In THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? .. yrs.

4. **FULL NAME OF CHILD** Bert E. Coble

5. **Date of Birth of Child**
(Month, day, year) Nov. 17, 1895

6 Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Washington Coble
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Cumberland, Ill
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Esther Matcham
17. Color White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Ontario, Canada
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
mother of the person whose name appears (Mother, etc.)

I, the undersigned, being first duly sworn, say that I am the years of age, that I have known this person for life years, and that in Item 4, above, that I am now 76 years of age, that I have known this person for life years, and that Dr. Neal who attended this birth deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth E. Coble Signature
1037-15-2 O. Address

Subscribed and sworn to before me this 22nd day of Oct. 19 52
(SEAL) W. W. Benson Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct. 22, 1952 by W. W. Benson Registrar

MAY 31 1966

OCT 22 1952 SEP 20 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3405
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|---|---|--------------------|-----------------------------------|---|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
JENNIE LAURA FERRIS | | | | 2. Date of Birth
(month) (day) (year)
April 8 1895 | |
| | 3. Color or Race
White | 4. Sex
F | 5. Place of Birth
Idaho | a. County
Blaine | b. City or Town of Birth
Arco | |
| FATHER | 6. Full Name of Father
George Ednough Ferris | | | | 7. State or Country of Father's Birth
New York | |
| MOTHER | 8. Full Maiden Name of Mother
Jennie Louise Cutler | | | | 9. State or Country of Mother's Birth
Michigan | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Jennie L. Ferris Paul</i> | | 11. Present Address of Registrant
500 Stoneford Avenue
Oakland 3, California |
| NOTARY (Seal) | Subscribed and sworn to before me on
September 17th 19 52 | | | 12. Signature of Notary
<i>H. Eleanor Syphax</i> | | 13. Notary Commission expires
April 22 19 56 |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | |
|--|--|-----------------------------------|--|--|---|--|
| SUPPORTING RECORD 1. | Type of Document Affidavit of Proof of Age - Final settlement of Estate filed 5/8/53 | | By whom issued and signed
T. E. McDonald, Probate Judge,
Butte County, Ardo, Idaho | | Date issued
8/8/52 | Date Orig. Entry
May 8, 1933 |
| | Date of Birth
38 yrs old | Birth Place | Full Name of Mother
Jennie L. Ferris | | Name of Father | |
| SUPPORTING RECORD 2. | Type of Document Affidavit by | | By whom issued and signed
Etta McGuire, present at time of birth | | Date issued
Oct. 20, 1952 | Date Orig. Entry |
| | Date of Birth
Apr. 8, 1895 | Birth Place
Arco, Idaho | Full Name of Mother
Jennie L. Ferris | | Name of Father
George E. Ferris | |
| SUPPORTING RECORD 3. | Type of Document Employment Record | | By whom issued and signed
Montgomery Ward
Oakland, Calif. | | Date issued | Date Orig. Entry
1943 |
| | Date of Birth
Apr. 8, 1895 | Birth Place
Arco, Idaho | Full Name of Mother | | Name of Father | |

| | | | |
|--|--|--|------------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
<i>Mabel E. Egan</i> | Date Filed
Oct. 28, 1952 |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF ILLINOIS
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

Division of Vital Statistics
State of Illinois
Chicago, Illinois

OCT 29 1932



State of Illinois
County of Cook
City of Chicago
Date of Birth
1932
Sex
Male
Age
10
Name of Father
John J. Smith
Name of Mother
Mary E. Smith
Place of Birth
Chicago, Illinois
Date of Death
1932
Cause of Death
Diphtheria
Occupation
Student
Education
High School
Religion
Catholic
Marital Status
Single
Date of Marriage
None
Date of Divorce
None
Date of Remarriage
None
Date of Death
1932
Cause of Death
Diphtheria
Occupation
Student
Education
High School
Religion
Catholic
Marital Status
Single
Date of Marriage
None
Date of Divorce
None
Date of Remarriage
None

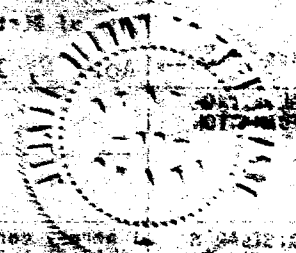
State of Illinois
County of Cook
City of Chicago
Date of Birth
1932
Sex
Male
Age
10
Name of Father
John J. Smith
Name of Mother
Mary E. Smith
Place of Birth
Chicago, Illinois
Date of Death
1932
Cause of Death
Diphtheria
Occupation
Student
Education
High School
Religion
Catholic
Marital Status
Single
Date of Marriage
None
Date of Divorce
None
Date of Remarriage
None
Date of Death
1932
Cause of Death
Diphtheria
Occupation
Student
Education
High School
Religion
Catholic
Marital Status
Single
Date of Marriage
None
Date of Divorce
None
Date of Remarriage
None

State of Illinois
County of Cook
City of Chicago
Date of Birth
1932
Sex
Male
Age
10
Name of Father
John J. Smith
Name of Mother
Mary E. Smith
Place of Birth
Chicago, Illinois
Date of Death
1932
Cause of Death
Diphtheria
Occupation
Student
Education
High School
Religion
Catholic
Marital Status
Single
Date of Marriage
None
Date of Divorce
None
Date of Remarriage
None
Date of Death
1932
Cause of Death
Diphtheria
Occupation
Student
Education
High School
Religion
Catholic
Marital Status
Single
Date of Marriage
None
Date of Divorce
None
Date of Remarriage
None

State of Illinois
County of Cook
City of Chicago
Date of Birth
1932
Sex
Male
Age
10
Name of Father
John J. Smith
Name of Mother
Mary E. Smith
Place of Birth
Chicago, Illinois
Date of Death
1932
Cause of Death
Diphtheria
Occupation
Student
Education
High School
Religion
Catholic
Marital Status
Single
Date of Marriage
None
Date of Divorce
None
Date of Remarriage
None
Date of Death
1932
Cause of Death
Diphtheria
Occupation
Student
Education
High School
Religion
Catholic
Marital Status
Single
Date of Marriage
None
Date of Divorce
None
Date of Remarriage
None

State of Illinois
County of Cook
City of Chicago
Date of Birth
1932
Sex
Male
Age
10
Name of Father
John J. Smith
Name of Mother
Mary E. Smith
Place of Birth
Chicago, Illinois
Date of Death
1932
Cause of Death
Diphtheria
Occupation
Student
Education
High School
Religion
Catholic
Marital Status
Single
Date of Marriage
None
Date of Divorce
None
Date of Remarriage
None
Date of Death
1932
Cause of Death
Diphtheria
Occupation
Student
Education
High School
Religion
Catholic
Marital Status
Single
Date of Marriage
None
Date of Divorce
None
Date of Remarriage
None

State of Illinois
County of Cook
City of Chicago
Date of Birth
1932
Sex
Male
Age
10
Name of Father
John J. Smith
Name of Mother
Mary E. Smith
Place of Birth
Chicago, Illinois
Date of Death
1932
Cause of Death
Diphtheria
Occupation
Student
Education
High School
Religion
Catholic
Marital Status
Single
Date of Marriage
None
Date of Divorce
None
Date of Remarriage
None
Date of Death
1932
Cause of Death
Diphtheria
Occupation
Student
Education
High School
Religion
Catholic
Marital Status
Single
Date of Marriage
None
Date of Divorce
None
Date of Remarriage
None



DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3435
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | |
|--|---|-------------------------|--|--|---|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>Mary Leona Naef</u> | | | | 2. Date of Birth
4 30 1895
(month) (day) (year) | | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Female</u> | 5. Place of Birth
<u>Teton City</u> | | a. County
<u>Fremont</u> | | |
| FATHER | 6. Full Name of Father
<u>Robert Henry Naef</u> | | | | b. City or Town of Birth
<u>Teton City, Idaho</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Rosalia Haderlie</u> | | | | 7. State or Country of Father's Birth
<u>Providence, Cache County Utah</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 11. Present Address of Registrant
<u>P.O. Box 234 Idaho Falls</u> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>Sept. 11 1952</u> | | | | 12. Signature of Notary
<u>[Signature]</u> | | |
| | | | | | 13. Notary Commission expires
<u>May 1 1955</u> | | |

| APPLICANT-- DO NOT WRITE BELOW THIS LINE | | | | | | | |
|--|--|---|---|--|--|--|--|
| SUPPORTING RECORD 1. | Type of Document
<u>Certificate of Baptism</u> | | By whom issued and signed
<u>L. D. S. Church,
W. Roy Bybee, Clerk</u> | | Date issued
<u>June 6, 1903</u> | Date Orig. Entry
<u>Baptized June 6, 1903</u> | |
| | Date of Birth
<u>Apr. 30, 1895</u> | Birth Place
<u>Teton City, Ida.</u> | Full Name of Mother
<u>Rosalia Haderlie</u> | | Name of Father
<u>Robert H. Naef</u> | | |
| SUPPORTING RECORD 2. | Type of Document
<u>Lts. from New York Life re Policy 6 824 715</u> | | By whom issued and signed
<u>New York Life Insurance Co.
by W. H. Walsh, Supt.</u> | | Date issued
<u>9/30/52</u> | Date Orig. Entry
<u>Policy dated Sept. 18, 1920</u> | |
| | Date of Birth
<u>Apr. 30, 1895</u> | Birth Place
<u>Teton City, Ida.</u> | Full Name of Mother
<u>Robert H. Naef</u> | | Name of Father
<u>Robert H. Naef</u> | | |
| SUPPORTING RECORD 3. | Type of Document
<u>Affidavit by sister of the</u> | | By whom issued and signed
<u>Annie C. Hansen</u> | | Date issued
<u>Oct. 18, 1952</u> | Date Orig. Entry
<u></u> | |
| | Date of Birth
<u>Apr. 30, 1895</u> | Birth Place
<u>midwife, Fremont County, Idaho,</u> | Full Name of Mother
<u>Rosalia Haderlie</u> | | Name of Father
<u>Robert Henry Naef</u> | | |

| | | | |
|-------------------------------------|--|--|------------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<u>W. W. Benson</u> | Evidence reviewed by
<u>[Signature]</u> | Date Filed
<u>Nov. 10, 1952</u> |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

142-101-028-265

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy required an advance payment of fifty cents, money order or coin.

United States (Be sure the information is as of date of birth of THIS child) State File No. De52-3479
Department of Commerce
Bureau of the Census
CERTIFICATE OF BIRTH
STATE OF IDAHO
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Spokane Bridge
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: At parents' home
(e) Mother's stay **BEFORE** delivery: IN THIS county 1895 years June months 1 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Spokane Bridge, Idaho
(d) Street Address or R.F.D. No. in 1895
(e) How long has **MOTHER** lived in Idaho? 3 yrs/
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Walter Earl Justice
5. Date of Birth of Child (Month, day, year) June 1, 1895
6. Sex Male 7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** William Thomas Justice
11. Color White 12. Age at time of THIS birth 49 yrs.
13. Birthplace Corvallis, Oregon
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer
MOTHER OF CHILD
16. **FULL MAIDEN NAME** Sadie Clarissa Sweet
17. Color White 18. Age at time of THIS birth 36 yrs.
19. Birthplace In Iowa—not certain of the
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Farmer

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was both at about 9:00 P.M. on the date June 1, 1895
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mrs. George Barner, who is related to this child as mother.
(Mother, etc.) (First name) (Last name)
disregard

25. Attendant's **OWN** signature Idaho M.D. Midwife Address Idaho Date Idaho
State of Kootenai ss.
County of Kootenai

AFFIDAVIT to be completed when the attendant does not sign in Item 25.
I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 57 years, and that Dr. Denison, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Justice Hecklow Signature
Bayview-Idaho-Athol P. O. Address
Idaho
Subscribed and sworn to before me this 7th day of November, 19 52
(SEAL) M. W. Benson Notary Public, residing at Bayview, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) 5/1/54

Received for filing on Nov. 21, 1952 by W. W. Benson Registrar.

NOV 21 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

753-25.014-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. De52-3502

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Nampa(c) Street Address or R.F.D. No. 2

(d) Name of Hospital or Maternity Home:

Home Delivery

(e) Mothers stay BEFORE delivery:

In THIS county 5 years 10 months 22 days

4. FULL NAME OF CHILD

Agnes Mary Peterson

7. Twin or If so—born

6 Sex FemaleTriplet

1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME

Iver Peterson

11. Color

White

12. Age at time

of THIS birth 36 yrs.

13. Birthplace

Denmark

(City or town)

(State or foreign country)

14. Exact

Occupation Farmer

15. Industry or

Business

Farming

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon(c) City Nampa(d) Street Address or R.F.D. No. 2(e) How long has MOTHER lived in Idaho? 7 yrs.3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

5. Date of Birth of Child

(Month, day, year) May 25, 1895

8. No. months

of Pregnancy 99. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN

NAME

Isabelle White

17. Color

White

18. Age at time

of THIS birth 27 yrs.

19. Birthplace

Ireland

(City or town)

(State or foreign country)

20. Exact

Occupation Housewife

21. Industry or

Business

Housekeeping22. Name prophylactic used to prevent Ophthalmia Neonatorum none23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 8:00 P.M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Iver Peterson

(First name)

(Last name)

who is related as Father

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Address

Midwife312 Nectarine, Nampa, Idaho

Date

State of

County of

ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears

(Mother, etc.)

in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19 _____

(SEAL)

Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. 28, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 28 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De52-3540
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | |
|--|---|-------------------------|---|--|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>Mary Susannah Butler</u> | | | | 2. Date of Birth (month) (day) (year)
<u>April 25, 1895</u> | |
| | 3. Color or Race
<u>white</u> | 4. Sex
<u>female</u> | 5. Place of Birth a. County
<u>Nez Perce</u> | | b. City or Town of Birth
<u>Lapwai, Idaho</u> | |
| FATHER | 6. Full Name of Father
<u>William Cleveland Butler</u> | | | | 7. State or Country of Father's Birth
<u>Crawfordville, Oregon</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Ellen Prudence Richardson</u> | | | | 9. State or Country of Mother's Birth
<u>Julietta, Idaho</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Mary S. Anderson</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>July 1st 1952</u> | | | | 11. Present Address of Registrant
<u>101 S. 6th St., Yakima, Wash.</u> | |
| | | | | | 12. Signature of Notary
<u>Janahelle L. Spencer</u> | |
| | | | | | 13. Notary Commission expires
<u>October 19 1954</u> | |

APPLICANT—DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|---|-------------------------------------|--|--|------------------------------------|------------------|
| SUPPORTING RECORD 1. | Type of Document
<u>Affidavit by Uncle</u> | | By whom issued and signed
<u>Fred Fels</u> | | Date issued
<u>Dec. 5, 1952</u> | Date Orig. Entry |
| | Date of Birth
<u>Apr. 25, 1895</u> | Birth Place
<u>Lapwai, Idaho</u> | Full Name of Mother | | Name of Father | |
| Class* <u>B</u> | | | | | | |
| SUPPORTING RECORD 2. | Type of Document
<u>Affidavit by Aunt</u> | | By whom issued and signed
<u>Sophonria Fels</u> | | Date issued
<u>Dec. 5, 1952</u> | Date Orig. Entry |
| | Date of Birth
<u>Apr. 25, 1895</u> | Birth Place
<u>Lapwai, Idaho</u> | Full Name of Mother | | Name of Father | |
| Class <u>B</u> | | | | | | |
| SUPPORTING RECORD 3. | Type of Document
<u>Affidavit by Aunt</u> | | By whom issued and signed
<u>Clara Kent</u> | | Date issued
<u>Dec. 5, 1952</u> | Date Orig. Entry |
| | Date of Birth
<u>Apr. 25, 1895</u> | Birth Place
<u>Lapwai, Idaho</u> | Full Name of Mother | | Name of Father | |
| Class <u>B</u> | | | | | | |

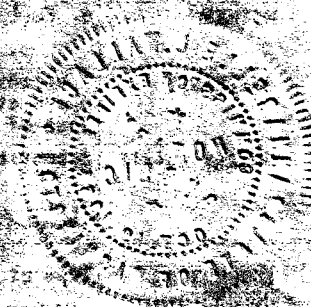
| | | | |
|-------------------------------------|--|--|-----------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<u>W. W. Benson</u> | Evidence reviewed by
<u>Malcolm H. Eads</u> | Date Filed
<u>Dec. 8, 1952</u> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

COMMUNICATIONS SECTION

1. Date of Report: 12/9/52
2. Period for which Report is made: 12/9/52
3. Name of Person or Organization: [illegible]
4. Title of Report: [illegible]

DEC 9 1952



[Faint, mostly illegible text in the upper section of the page, possibly a memorandum or report header.]

[Faint, mostly illegible text in the middle section of the page, possibly a memorandum or report body.]

[Faint, mostly illegible text in the lower section of the page, possibly a memorandum or report body.]

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 52-3569
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|-------------------------|--|--|---|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<i>Annie Pearl Humphreys</i> | | | | 2. Date of Birth
month: <i>Sept</i> day: <i>22</i> year: <i>1895</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth a. County
<i>Alpha, Ida. then Idaho</i> | | b. City or Town of Birth
<i>Post Office, Alpha, Vanwick</i> | |
| FATHER | 6. Full Name of Father
<i>Humphrey Humphreys</i> | | | | 7. State or Country of Father's Birth
<i>Vermont</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Jessie Mae Lathrope</i> | | | | 9. State or Country of Mother's Birth | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Mrs. Oliver S. Mason</i> | | 11. Present Address of Registrant
<i>Council, Adams Co, Ida.</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Dec 6, 1952</i> | | | 12. Signature of Notary
<i>Glen Steker</i> | | 13. Notary Commission expires
<i>Nov 1, 1954</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|----------------------|--|--|---|---------------------------------------|---|
| SUPPORTING RECORD 1. | Type of Document
<i>Affidavit by mother</i> | | By whom issued and signed
<i>Jessie L. Humphreys</i> | Date issued
<i>11-29-52</i> | Date Orig. Entry |
| | Date of Birth
<i>Sept. 22, 1895</i> | Birth Place
<i>Alpha, Idaho</i> | Full Name of Mother
<i>Jessie Lathrope</i> | Name of Father
<i>H. Humphreys</i> | |
| SUPPORTING RECORD 2. | Type of Document
<i>Child's birth certificate</i> | | By whom issued and signed
<i>On file with the Bureau of Vital Statistics, Boise, Idaho</i> | Date issued
<i>#211994</i> | Date Orig. Entry
<i>June 9, 1933</i> |
| | Date of Birth
<i>37 yrs, old</i> | Birth Place
<i>Long Valley, Idaho</i> | Full Name of Mother | Name of Father | |
| SUPPORTING RECORD 3. | Type of Document
<i>Insurance Policy</i> | | By whom issued and signed
<i>Beneficial Protective Assoc.</i> | Date issued
<i>June 13, 1942</i> | Date Orig. Entry |
| | Date of Birth
<i>Sept. 22, 1895</i> | Birth Place
<i>Alpha, Idaho</i> | Full Name of Mother | Name of Father | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| | | |
|--|--|------------------------------------|
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
<i>Mary H. Edgar</i> | Date Filed
<i>Dec. 17, 1952</i> |
|--|--|------------------------------------|

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DECEASED CERTIFICATE OF BIRTH

STATE OF NEW YORK

DEC 17 1952

| | | | |
|--------------------------------------|--|---|--|
| 1. Name of Deceased
[Illegible] | | 2. Date of Birth
[Illegible] | |
| 3. Place of Birth
[Illegible] | | 4. Sex
[Illegible] | |
| 5. Name of Mother
[Illegible] | | 6. Name of Father
[Illegible] | |
| 7. Date of Death
[Illegible] | | 8. Cause of Death
[Illegible] | |
| 9. Name of Registrar
[Illegible] | | 10. Signature of Registrar
[Illegible] | |
| 11. Name of Deceased
[Illegible] | | 12. Date of Birth
[Illegible] | |
| 13. Place of Birth
[Illegible] | | 14. Sex
[Illegible] | |
| 15. Name of Mother
[Illegible] | | 16. Name of Father
[Illegible] | |
| 17. Date of Death
[Illegible] | | 18. Cause of Death
[Illegible] | |
| 19. Name of Registrar
[Illegible] | | 20. Signature of Registrar
[Illegible] | |



NOTES: This certificate is valid only when used in connection with the birth record of the deceased. It is not valid for any other purpose. The birth record of the deceased is the only valid record of birth in the State of New York.

Date Filed: [Illegible]
Dec 17, 1952

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Da52 3598
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | | |
|--|---|-------------------------|---|--|--------------------------|--|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>Olive Grace BARKDULL</u> | | | | | 2. Date (month) (day) (year)
Of Birth <u>SEPT 15 1895</u> | | |
| | 3. Color or Race
<u>WHITE</u> | 4. Sex
<u>FEMALE</u> | 5. Place of Birth
<u>GEORGETOWN, BEAR-LAKE</u> | a. County
<u>GEORGE-TOWN, IDAHO</u> | b. City or Town of Birth | | | |
| FATHER | 6. Full Name of Father
<u>DAVID L. BARKDULL</u> | | | | | 7. State or Country of Father's Birth
<u>MORGAN - UTAH</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>OLIVE BLACK</u> | | | | | 9. State or Country of Mother's Birth
<u>PLEASANT-GROVE, UTAH</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
<u>Olive Grace Barkdull Freeman</u> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>Dec-30, 1952</u> | | | | | 11. Present Address of Registrant
<u>SALT LAKE CITY, UT</u> | | |
| | | | | | | 12. Signature of Notary
<u>Denny C. Eckenrode</u> | | |
| | | | | | | 13. Notary Commission expires
<u>3/10/1954</u> | | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|---|--|--|--|
| SUPPORTING RECORD 1. | Type of Document
<u>Church record</u> | | By whom issued and signed
<u>L. D. Church, by Joseph Fielding Smith</u> | Date issued
<u>12/22/52</u> | Date Orig. Entry
<u>First entered on Dec. 1, 1895</u> |
| | Date of Birth
<u>Sept. 15, 1895</u> | Birth Place
<u>Georgetown, Idaho</u> | Full Name of Mother
<u>Olive Black</u> | Name of Father
<u>David L. Barkdull</u> | |
| SUPPORTING RECORD 2. | Type of Document
<u>Affidavit by</u> | | By whom issued and signed
<u>Nettie Larsen</u> | Date issued
<u>Dec. 30, 1952</u> | Date Orig. Entry |
| | Date of Birth
<u>Sept. 15, 1895</u> | Birth Place
<u>Georgetown, Idaho</u> | Full Name of Mother
<u>Olive Black Barkdull</u> | Name of Father
<u>David L. Barkdull</u> | |
| SUPPORTING RECORD 3. | Type of Document | | By whom issued and signed | Date issued | Date Orig. Entry |
| | Date of Birth | Birth Place | Full Name of Mother | Name of Father | |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<u>W. W. Benson</u> | | Evidence reviewed by
<u>Edna Hamilton</u> | Date Filed
<u>Jan. 5, 1953</u> | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1. Name of child: **DAVID L. BARKON**
2. Sex: **MALE**
3. Date of birth: **1924**
4. Place of birth: **NEW YORK**
5. Name of mother: **DAVID L. BARKON**
6. Name of father: **DAVID L. BARKON**
7. Address of mother: **NEW YORK**
8. Address of father: **NEW YORK**
9. Signature of mother: **DAVID L. BARKON**
10. Signature of father: **DAVID L. BARKON**
11. Signature of physician: **DAVID L. BARKON**
12. Signature of registrar: **DAVID L. BARKON**
13. Date of registration: **1924**

| Class | Record | Date of birth | Name of mother | Name of father | Date of registration |
|---------|-----------|---------------|-----------------|-----------------|----------------------|
| Class A | REPORTING | 1924 | DAVID L. BARKON | DAVID L. BARKON | 1924 |
| Class B | REPORTING | 1924 | DAVID L. BARKON | DAVID L. BARKON | 1924 |
| Class C | REPORTING | 1924 | DAVID L. BARKON | DAVID L. BARKON | 1924 |
| Class D | REPORTING | 1924 | DAVID L. BARKON | DAVID L. BARKON | 1924 |
| Class E | REPORTING | 1924 | DAVID L. BARKON | DAVID L. BARKON | 1924 |
| Class F | REPORTING | 1924 | DAVID L. BARKON | DAVID L. BARKON | 1924 |
| Class G | REPORTING | 1924 | DAVID L. BARKON | DAVID L. BARKON | 1924 |
| Class H | REPORTING | 1924 | DAVID L. BARKON | DAVID L. BARKON | 1924 |
| Class I | REPORTING | 1924 | DAVID L. BARKON | DAVID L. BARKON | 1924 |
| Class J | REPORTING | 1924 | DAVID L. BARKON | DAVID L. BARKON | 1924 |
| Class K | REPORTING | 1924 | DAVID L. BARKON | DAVID L. BARKON | 1924 |
| Class L | REPORTING | 1924 | DAVID L. BARKON | DAVID L. BARKON | 1924 |
| Class M | REPORTING | 1924 | DAVID L. BARKON | DAVID L. BARKON | 1924 |
| Class N | REPORTING | 1924 | DAVID L. BARKON | DAVID L. BARKON | 1924 |
| Class O | REPORTING | 1924 | DAVID L. BARKON | DAVID L. BARKON | 1924 |
| Class P | REPORTING | 1924 | DAVID L. BARKON | DAVID L. BARKON | 1924 |
| Class Q | REPORTING | 1924 | DAVID L. BARKON | DAVID L. BARKON | 1924 |
| Class R | REPORTING | 1924 | DAVID L. BARKON | DAVID L. BARKON | 1924 |
| Class S | REPORTING | 1924 | DAVID L. BARKON | DAVID L. BARKON | 1924 |
| Class T | REPORTING | 1924 | DAVID L. BARKON | DAVID L. BARKON | 1924 |
| Class U | REPORTING | 1924 | DAVID L. BARKON | DAVID L. BARKON | 1924 |
| Class V | REPORTING | 1924 | DAVID L. BARKON | DAVID L. BARKON | 1924 |
| Class W | REPORTING | 1924 | DAVID L. BARKON | DAVID L. BARKON | 1924 |
| Class X | REPORTING | 1924 | DAVID L. BARKON | DAVID L. BARKON | 1924 |
| Class Y | REPORTING | 1924 | DAVID L. BARKON | DAVID L. BARKON | 1924 |
| Class Z | REPORTING | 1924 | DAVID L. BARKON | DAVID L. BARKON | 1924 |



DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-5
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|-----------------------|-----------------------------------|------------------------------|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
George Francis Grisham | | | | 2. Date (month) (day) (year)
Of Birth July 18 1895 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Idaho | a. County
Kootenai | b. City or Town of Birth
Coeur d'Alene | |
| FATHER | 6. Full Name of Father
Frank Grisham | | | | 7. State or Country of Father's Birth
Missouri, U.S.A. | |
| MOTHER | 8. Full Maiden Name of Mother
Marrietta Fisher | | | | 9. State or Country of Mother's Birth
Missouri, U.S.A. | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>George Francis Grisham</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
December 5, 1952 | | | | 11. Present Address of Registrant
Route #1, Box No. 186
Coalinga, California | |
| | | | | | 12. Signature of Notary
<i>Luthene Rouse</i> | |
| | | | | | 13. Notary Commission expires
May 26 1954 | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|-----------------------|--|--|-----------------------------------|
| SUPPORTING
RECORD 1. | Type of Document | | By whom issued and signed | | Date issued |
| | Affidavit by sister | | Mary Grisham Miller | | Nov. 10, 1952 |
| Class* <u>B</u> | Date of Birth | Birth Place | Full Name of Mother | | Name of Father |
| | July 18, 1895 | Spokane Bridge, Idaho | | | |
| SUPPORTING
RECORD 2. | Type of Document | | By whom issued and signed | | Date issued |
| | Employment record | | San Joaquin Valley Pipe Line | | Nov. 5, 1923 |
| Class <u>B</u> | Date of Birth | Birth Place | Full Name of Mother | | Name of Father |
| | July 18, 1895 | | | | |
| SUPPORTING
RECORD 3. | Type of Document | | By whom issued and signed | | Date issued |
| | Employment record | | San Joaquin Valley Pipe Line | | June 12, 1941 |
| Class <u>B</u> | Date of Birth | Birth Place | Full Name of Mother | | Name of Father |
| | July 18, 1895 | | | | |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
<i>Mahy Fisher</i> | | Date Filed
Jan. 7, 1953 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF CALIFORNIA DIVISION OF VITAL STATISTICS

Division of Vital Statistics
State of California
San Francisco, California

Date of Birth: **May 18 1923**
Place of Birth: **San Francisco, California**
Sex: **Male**
Age: **18**

State of California, U.S.A.
County of **San Francisco**
City of **San Francisco**

1. Present Address of Registrant:
Box 10, Novato, California
2. Name of Mother:
John J. Novato

Signature of Registrant:
[Signature]
Signature of Mother:
[Signature]

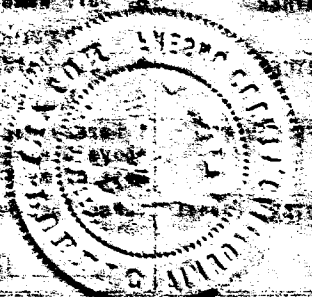
1. Signature of Registrant:
[Signature]
2. Signature of Mother:
[Signature]

1. Signature of Registrant:
[Signature]
2. Signature of Mother:
[Signature]

1. Date of Birth: **May 18 1923**
2. Place of Birth: **San Francisco, California**
3. Sex: **Male**
4. Age: **18**

1. Name of Mother: **John J. Novato**
2. Name of Father: **John J. Novato**
3. Name of Spouse: **John J. Novato**

1. Signature of Registrant:
[Signature]
2. Signature of Mother:
[Signature]



Date of Birth: **May 18 1923**
Place of Birth: **San Francisco, California**
Sex: **Male**
Age: **18**

1. Present Address of Registrant:
Box 10, Novato, California
2. Name of Mother:
John J. Novato

1. Signature of Registrant:
[Signature]
2. Signature of Mother:
[Signature]

1. Signature of Registrant:
[Signature]
2. Signature of Mother:
[Signature]

1. Signature of Registrant:
[Signature]
2. Signature of Mother:
[Signature]

1. Signature of Registrant:
[Signature]
2. Signature of Mother:
[Signature]

1. Date of Birth: **May 18 1923**
2. Place of Birth: **San Francisco, California**
3. Sex: **Male**
4. Age: **18**

1. Name of Mother: **John J. Novato**
2. Name of Father: **John J. Novato**
3. Name of Spouse: **John J. Novato**

1. Signature of Registrant:
[Signature]
2. Signature of Mother:
[Signature]



NOTICE: This certificate is subject to the provisions of the California Civil Code, which require that the facts stated herein be true and correct. Any person who knowingly furnishes false information to the Division of Vital Statistics is liable for a fine of not more than \$500 and imprisonment in the County Jail for not more than six months.

1. Name of Registrant: **John J. Novato**
2. Name of Mother: **John J. Novato**
3. Name of Father: **John J. Novato**
4. Name of Spouse: **John J. Novato**

1. Signature of Registrant:
[Signature]
2. Signature of Mother:
[Signature]

DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

| | | | | | | | | |
|--|---|--------------------|--|--|-------------------------------|--|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>Edward Chisholm O'Neal</u> | | | | | 2. Date (month) (day) (year)
Of Birth <u>Aug.</u> <u>12</u> <u>1895</u> | | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>M</u> | 5. Place of Birth
<u>Lemhi County Idaho</u> | | a. County | b. City or Town of Birth
<u>May</u> | | |
| FATHER | 6. Full Name of Father
<u>Edward O'Neal</u> | | | | | 7. State or Country of Father's Birth
<u>Pennsylvania, U.S.A.</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Anna Chisholm</u> | | | | | 9. State or Country of Mother's Birth
<u>Nova Scotia</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
<u>Edward C O'Neal</u> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>Aug 26th</u> 19 <u>52</u> | | | | | 11. Present Address of Registrant
<u>Challis, Ida.</u> | | |
| | | | | | | 12. Signature of Notary
<u>John Boyle, Custer County Recorder</u> | | |
| | | | | | 13. Notary Commission expires | | | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|---|--|--|---|
| SUPPORTING RECORD 1. | Type of Document
<u>Honorable Discharge-U.S.Army</u> | | By whom issued and signed
<u>Certified copy from Lemhi Co. by W. W. Simmonds, Clerk, D.C.</u> | Date issued
<u>9/3/52</u> | Date Orig. Entry Enlisted on
<u>Oct. 3, 1917</u> |
| | Date of Birth
<u>22 2/12 yrs</u> | Birth Place
<u>old May, Idaho</u> | Full Name of Mother | Name of Father | |
| Class* <u>B</u> | | | | | |
| SUPPORTING RECORD 2. | Type of Document
<u>Affidavit</u> | | By whom issued and signed
<u>Theodore Cameron</u> | Date issued
<u>j/6/53</u> | Date Orig. Entry |
| | Date of Birth
<u>Aug. 12, 1895</u> | Birth Place
<u>Lemhi County, Ida.</u> | Full Name of Mother
<u>Anna Chisholm</u> | Name of Father
<u>Edward O'Neal</u> | |
| Class <u>B</u> | | | | | |
| SUPPORTING RECORD 3. | Type of Document
<u>Affidavit</u> | | By whom issued and signed
<u>Ruth Leaten</u> | Date issued
<u>8/14/52</u> | Date Orig. Entry |
| | Date of Birth
<u>Aug. 12, 1895</u> | Birth Place
<u>Lemhi County, Idaho</u> | Full Name of Mother
<u>Anna Chisholm</u> | Name of Father
<u>Edward O'Neal</u> | |
| Class <u>B</u> | | | | | |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<u>W. W. Benson</u> | | Evidence reviewed by
<u>Edna Hamilton</u> | Date Filed
<u>Jan. 8, 1953</u> | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF TEXAS
DEPARTMENT OF HEALTH

9 1967
604

| | | | |
|--|--|--|--|
| Name of Child
<i>Charles C. Bishop</i> | | Date of Birth
<i>Aug. 12, 1967</i> | |
| Sex
<i>Male</i> | | Place of Birth
<i>San Antonio, Texas</i> | |
| Mother's Name
<i>Anna C. Bishop</i> | | Father's Name
<i>Charles C. Bishop</i> | |
| Signature of Mother
<i>Anna C. Bishop</i> | | Signature of Father
<i>Charles C. Bishop</i> | |
| Signature of Physician
<i>Dr. Charles C. Bishop</i> | | Signature of Registrar
<i>Charles C. Bishop</i> | |
| Date of Registration
<i>Aug. 12, 1967</i> | | Place of Registration
<i>San Antonio, Texas</i> | |
| Name of Child
<i>Charles C. Bishop</i> | | Date of Birth
<i>Aug. 12, 1967</i> | |
| Sex
<i>Male</i> | | Place of Birth
<i>San Antonio, Texas</i> | |
| Mother's Name
<i>Anna C. Bishop</i> | | Father's Name
<i>Charles C. Bishop</i> | |
| Signature of Mother
<i>Anna C. Bishop</i> | | Signature of Father
<i>Charles C. Bishop</i> | |
| Signature of Physician
<i>Dr. Charles C. Bishop</i> | | Signature of Registrar
<i>Charles C. Bishop</i> | |
| Date of Registration
<i>Aug. 12, 1967</i> | | Place of Registration
<i>San Antonio, Texas</i> | |

DEC 26 1952

CERTIFICATE OF BIRTH

STATE OF IDAHO
JAN 14 1953

State File No. De 53-41
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | | |
|--|---|-----------------------|--|--|----------------------------|---|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>William Eugene Mahoney</u> | | | | | 2. Date (month) (day) (year)
Of Birth <u>Oct.</u> <u>29</u> <u>1895</u> | | |
| | 3. Color or Race
<u>white</u> | 4. Sex
<u>male</u> | 5. Place of Birth
<u>Albion, Cassia</u> | | a. County
<u>Albion</u> | b. City or Town of Birth
<u>IDAHO</u> | | |
| FATHER | 6. Full Name of Father
<u>William Mahoney</u> | | | | | 7. State or Country of Father's Birth
<u>Coalville, Summit Co., Utah</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Annie Louie Brim</u> | | | | | 9. State or Country of Mother's Birth
<u>Coalville, Summit Co., Utah</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
<u>William Eugene Mahoney</u> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>24 Dec.</u> 19 <u>52</u> | | | | | 11. Present Address of Registrant
<u>Albion, Idaho</u> | | |
| | | | | | | 12. Signature of Notary
<u>Mabelle L. Sudgrove</u> | | |
| | | | | | | 13. Notary Commission expires
<u>Feb. 6</u> 19 <u>56</u> | | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|-------------------------------------|---|--|---|
| SUPPORTING RECORD 1. | Type of Document
<u>Church Record</u> | | By whom issued and signed
<u>L. D. S. Church</u> | Date issued
<u>Blessed</u> | Date Orig. Entry
<u>Nov. 1, 1895</u> |
| | Date of Birth
<u>Oct. 29, 1895</u> | Birth Place
<u>Albion, Idaho</u> | Full Name of Mother
<u>Annie L. Brim</u> | Name of Father
<u>William Mahoney</u> | |
| SUPPORTING RECORD 2. | Type of Document
<u>Church Record</u> | | By whom issued and signed
<u>L. D. S. Church</u> | Date issued
<u>Baptised</u> | Date Orig. Entry
<u>Apr. 3, 1904</u> |
| | Date of Birth
<u>Oct. 29, 1895</u> | Birth Place
<u>Albion, Idaho</u> | Full Name of Mother
<u>Annie L. Brim</u> | Name of Father
<u>William Mahoney</u> | |
| SUPPORTING RECORD 3. | Type of Document | | By whom issued and signed | Date issued | Date Orig. Entry |
| | Date of Birth | Birth Place | Full Name of Mother | Name of Father | |

| | | | |
|-------------------------------------|--|--|------------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<u>W. W. Benson</u> | Evidence reviewed by
<u>Mabel E. Benson</u> | Date Filed
<u>Jan. 14, 1953</u> |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

RECEIVED OFFICE OF BIRTH

DEPARTMENT OF VITALS
DIVISION OF VITALS
BUREAU OF VITALS

RECEIVED
DIVISION OF VITALS
BUREAU OF VITALS

OFFICE OF BIRTH

1. Name of child at birth: *[illegible]*

2. Sex of child: *[illegible]*

3. Date of birth: *[illegible]*

4. Place of birth: *[illegible]*

5. Name of father: *[illegible]*

6. Name of mother: *[illegible]*

7. Signature of father: *[illegible]*

8. Signature of mother: *[illegible]*

9. Signature of registrar: *[illegible]*

10. Date of registration: *[illegible]*

11. Name of registrar: *[illegible]*

12. Name of hospital: *[illegible]*

13. Name of physician: *[illegible]*

14. Name of nurse: *[illegible]*

15. Name of midwife: *[illegible]*

16. Name of other attendant: *[illegible]*

17. Name of other attendant: *[illegible]*

18. Name of other attendant: *[illegible]*

19. Name of other attendant: *[illegible]*

20. Name of other attendant: *[illegible]*

DO NOT WRITE BELOW THIS LINE

1. Name of child at birth: *[illegible]*

2. Sex of child: *[illegible]*

3. Date of birth: *[illegible]*

4. Place of birth: *[illegible]*

5. Name of father: *[illegible]*

6. Name of mother: *[illegible]*

7. Signature of father: *[illegible]*

8. Signature of mother: *[illegible]*

9. Signature of registrar: *[illegible]*

10. Date of registration: *[illegible]*

11. Name of registrar: *[illegible]*

12. Name of hospital: *[illegible]*

13. Name of physician: *[illegible]*

14. Name of nurse: *[illegible]*

15. Name of midwife: *[illegible]*

16. Name of other attendant: *[illegible]*

17. Name of other attendant: *[illegible]*

18. Name of other attendant: *[illegible]*

19. Name of other attendant: *[illegible]*

20. Name of other attendant: *[illegible]*

1. Name of child at birth: *[illegible]*

2. Sex of child: *[illegible]*

3. Date of birth: *[illegible]*

4. Place of birth: *[illegible]*

5. Name of father: *[illegible]*

6. Name of mother: *[illegible]*

7. Signature of father: *[illegible]*

8. Signature of mother: *[illegible]*

9. Signature of registrar: *[illegible]*

10. Date of registration: *[illegible]*

11. Name of registrar: *[illegible]*

12. Name of hospital: *[illegible]*

13. Name of physician: *[illegible]*

14. Name of nurse: *[illegible]*

15. Name of midwife: *[illegible]*

16. Name of other attendant: *[illegible]*

17. Name of other attendant: *[illegible]*

18. Name of other attendant: *[illegible]*

19. Name of other attendant: *[illegible]*

20. Name of other attendant: *[illegible]*



| | | | | | | |
|--|---|-----------------------|---|-----------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
DAVIS LESTER SATER | | | | 2. Date (month) (day) (year)
Of Birth NOVEMBER 6 1895 | |
| | 3. Color or Race
WHITE | 4. Sex
MALE | 5. Place of Birth
WEISER Washington | a. County | b. City or Town of Birth
WEISER Idaho | |
| FATHER | 6. Full Name of Father
JOHN HENRY SATER | | | | 7. State or Country of Father's Birth
KANSAS | |
| MOTHER | 8. Full Maiden Name of Mother
EMELINE MOREHEAD | | | | 9. State or Country of Mother's Birth
OREGON | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Davis Lester Sater</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>January 16 1953</i> | | | | 11. Present Address of Registrant
<i>329 N. Santa Cruz Ave.
Modesto Calif.</i> | |
| | 12. Signature of Notary
<i>Alice Sawdye</i> | | | | 13. Notary Commission Expires
<i>June 6 1954</i> | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|-------------------------------------|---|--|---|
| SUPPORTING
RECORD 1. | Type of Document
Application for Insurance | | By whom issued and signed
Business Men's Assurance Co. of America | | Date issued
10-27-26 |
| | Date of Birth
Nov. 6, 1895 | Birth Place
Weiser, Idaho | Full Name of Mother | | Name of Father |
| Class <u>B</u> | | | | | |
| SUPPORTING
RECORD 2. | Type of Document
Honorable Discharge | | By whom issued and signed
U. S. Army | | Date issued
6-25-1919 |
| | Date of Birth
22 yrs old | Birth Place
Weiser, Idaho | Full Name of Mother | | Name of Father |
| Class <u>B</u> | | | | | |
| SUPPORTING
RECORD 3. | Type of Document
Affidavit by sister | | By whom issued and signed
Alma S. Guthrie | | Date issued
Jan. 9, 1953 |
| | Date of Birth
Nov. 6, 1895 | Birth Place
Weiser, Idaho | Full Name of Mother
Emeline Morehead | | Name of Father
John Henry Sater |
| Class <u>B</u> | | | | | |

| | | | |
|--|--|---|------------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
<i>Walter F. Keenan</i> | Date Filed
Jan. 20, 1953 |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

100-442612

343-201-030-574

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. De53 151
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No. Ranch
(d) Name of Hospital or Maternity Home: At Home
(e) Mothers stay **BEFORE** delivery: _____
In THIS county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No. Ranch
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Eva Bell Culver
5. **Date of Birth of Child** (Month, day, year) April, 1, 1895
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Phineas Culver
11. Color White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Woodland California
(City or town) (State or foreign country)
14. Exact Occupation Farm Laborer
15. Industry or Business _____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva May Elder
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Lemhi County Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife _____

State of Montana
County of Missoula } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 57 years, and that Sarah Culver who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

1905 So. 4th St. W. Missoula, Montana

Subscribed and sworn to before me this 26th day of January, 1953

(SEAL)

Notary Public, residing at Missoula, Mont.Received for filing on February 12, 1953 by W. W. Benson, Registrar

FEB 13 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

| | | | | | | |
|--|---|-------------------------|---|------------------------------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Hattie Peterson</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>Aug. 25 1895</u> | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Female</u> | 5. Place of Birth
<u>Preston, Ida.</u> | a. County
<u>Franklin</u> | b. City or Town of Birth
<u>Preston Idaho</u> | |
| FATHER | 6. Full Name of Father
<u>Soren J. Peterson</u> | | | | 7. State or Country of Father's Birth
<u>Copenhagen Denmark</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Louisa Sponberg Peterson</u> | | | | 9. State or Country of Mother's Birth
<u>Franklin, Idaho</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Hattie P. Wallgren</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>February 9th 1953</u> | | | | 11. Present Address of Registrant
<u>248 East 1st St.</u> | |
| | 12. Signature of Notary
<u>Ned Larsen</u> | | | | 13. Notary Commission expires
<u>May 15 1954</u> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|--|--------------------------------------|---|--|---|
| SUPPORTING
RECORD 1. | Type of Document
<u>Certificate of Baptism</u> | | By whom issued and signed
<u>L. D. S. Church, Ella R. Jack</u> | Date issued
<u>12/17/52</u> | Date Orig. Entry
Baptized on
<u>Oct. 14, 1903</u> |
| | Date of Birth
<u>Aug. 25, 1895</u> | Birth Place
<u>Preston, Idaho</u> | Full Name of Mother
<u>Louise Sponberg</u> | Name of Father
<u>Soren J. Peterson</u> | |
| SUPPORTING
RECORD 2. | Type of Document
<u>Marriage record</u> | | By whom issued and signed
<u>Clerk's Office, Cache County, Utah</u> | Date issued | Date Orig. Entry
Married on
<u>Sept. 26, 1917</u> |
| | Date of Birth
<u>22 yrs old.</u> | Birth Place | Full Name of Mother | Name of Father | |
| SUPPORTING
RECORD 3. | Type of Document
<u>Child's Birth Cert. 66908</u> | | By whom issued and signed
<u>State of Idaho
Bureau of Vital Statistics</u> | Date issued
Filed on
<u>Mar. 5, 1919</u> | Date Orig. Entry
Child born on
<u>Feb. 28, 1919</u> |
| | Date of Birth
<u>23 yrs old</u> | Birth Place
<u>Preston, Idaho</u> | Full Name of Mother | Name of Father | |

QUALIFYING
INFORMATION

| | | | |
|--|--|--|--|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar

<u>W. W. Benson</u> | Evidence reviewed by

<u>Edna Hamilton</u> | Date Filed

<u>Feb. 13, 1953</u> |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DECEASED CERTIFICATE OF BIRTH

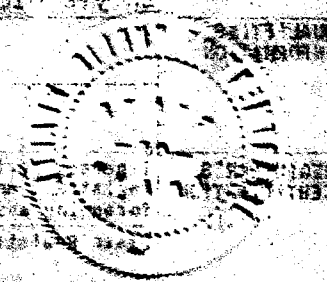
STATE OF ILLINOIS

Department of Health
Division of Vital Statistics
Chicago, Illinois

| | | | | | | | |
|--|--|--|--|---|--|---|--|
| 1. Date of Birth
1918 | | 2. Place of Birth
Chicago, Illinois | | 3. Name of Father
John Doe | | 4. Name of Mother
Jane Doe | |
| 5. State of County of Father's Birth
Illinois | | 6. State of County of Mother's Birth
Illinois | | 7. Present Address of Registrant
1234 N. Main St., Chicago, Ill. | | 8. Signature of Registrar
[Signature] | |
| 9. Signature of Father
[Signature] | | 10. Signature of Mother
[Signature] | | 11. Signature of Registrar
[Signature] | | 12. Signature of Registrar
[Signature] | |



| | | | | | | | |
|---|--|---|--|--|--|---|--|
| 13. Date of Death
1918 | | 14. Place of Death
Chicago, Illinois | | 15. Name of Father
John Doe | | 16. Name of Mother
Jane Doe | |
| 17. State of County of Father's Birth
Illinois | | 18. State of County of Mother's Birth
Illinois | | 19. Present Address of Registrant
1234 N. Main St., Chicago, Ill. | | 20. Signature of Registrar
[Signature] | |
| 21. Signature of Father
[Signature] | | 22. Signature of Mother
[Signature] | | 23. Signature of Registrar
[Signature] | | 24. Signature of Registrar
[Signature] | |



| | | | | | | | |
|---|--|---|--|--|--|---|--|
| 25. Date of Death
1918 | | 26. Place of Death
Chicago, Illinois | | 27. Name of Father
John Doe | | 28. Name of Mother
Jane Doe | |
| 29. State of County of Father's Birth
Illinois | | 30. State of County of Mother's Birth
Illinois | | 31. Present Address of Registrant
1234 N. Main St., Chicago, Ill. | | 32. Signature of Registrar
[Signature] | |
| 33. Signature of Father
[Signature] | | 34. Signature of Mother
[Signature] | | 35. Signature of Registrar
[Signature] | | 36. Signature of Registrar
[Signature] | |

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-231
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | |
|--|---|-------------------------|---|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>Edna Yothers</u> | | | 2. Date (month) (day) (year)
Of Birth <u>August</u> <u>27</u> <u>1895</u> | |
| | 3. Color or Race
<u>white</u> | 4. Sex
<u>Female</u> | 5. Place of Birth
<u>Rathdrum, Idaho</u> | a. County
<u>Idaho</u>
b. City or Town of Birth
<u>Rathdrum, Idaho</u> | |
| FATHER | 6. Full Name of Father
<u>Levi Yothers</u> | | | 7. State or Country of Father's Birth
<u>Pennsylvania</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Mary Wood</u> | | | 9. State or Country of Mother's Birth
<u>Illinois</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<u>Edna M. Jinderlee</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>March 4 1953</u> | | | 11. Present Address of Registrant
<u>Diamond Wash.</u> | |
| | | | | 12. Signature of Notary
<u>Jack Stewart</u> | |
| | | | | 13. Notary Commission expires
<u>April 22 1956</u> | |

| APPLICANT—DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|---------------------------------------|---|--|--|
| SUPPORTING RECORD 1- | Type of Document
<u>School Record</u> | | By whom issued and signed
<u>County of Stevens</u> | | Date issued |
| | Date of Birth
<u>Aug. 27, 1895</u> | Birth Place
<u>Rathdrum, Idaho</u> | State of Washington, school census
Full Name of Mother | | Date Orig. Entry
<u>Yrs-1914-15</u> |
| Class* <u>B</u> | | | | | Name of Father |
| SUPPORTING RECORD 2- | Type of Document
<u>Census Record</u> | | By whom issued and signed
<u>Department of Commerce</u>
<u>Bureau of the Census</u> | | Date issued |
| | Date of Birth
<u>Aug. 1895</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>Mary Yothers</u> | | Date Orig. Entry
<u>1900 Census 4 yrs old</u> |
| Class <u>A</u> | | | | | Name of Father
<u>Levi Yothers</u> |
| SUPPORTING RECORD 3- | Type of Document
<u>Marriage Return</u> | | By whom issued and signed
<u>Colfax, Whitman County, Wash.</u> | | Date issued |
| | Date of Birth
<u>41 yrs old</u> | Birth Place
<u>Rathdrum, Idaho</u> | Full Name of Mother | | Date Orig. Entry
<u>Dec. 24, 1936</u> |
| Class <u>B</u> | | | | | Name of Father |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<u>W. W. Benson</u> | | Evidence reviewed by
<u>Mark Freden</u> | | Date Filed
<u>Mch. 5, 1953</u> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

ORIGIN: 40-2000

It is to be noted that the above information was obtained from a confidential source who has provided reliable information in the past.

place of birth

2000 10 11 11:23

10-10-68 10:10 AM

10-12-1964 10 011212 0

There are also some other things that are true in the world of the future. For example, the world of the future will be a world of peace and harmony. It will be a world where everyone is free and equal. It will be a world where there is no war and no violence. It will be a world where everyone is happy and content. This is the world that we should strive to create. We should work together to make the world a better place for everyone. We should strive for peace and harmony. We should strive for a world where everyone is free and equal. This is the world that we should strive to create.

NO COPY BEING MADE OF THIS DOCUMENT

MAIL ROOM ROOM 1100 TEL. 33-12345

100-441104

10-10-1941

beagle bre base: none (3)

... ..

0421 24. 11.

100

and arrive arrive to the

1990

(continued)

11

SECRET

1000

1000

(continued)

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-265
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | |
|---|---|-------------------------|-----------------------------------|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
NANNIE AGNES OLSON | | | 2. Date (month) (day) (year)
Of Birth JULY 11 1895 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
IDAHO | a. County
(Bingham)
b. City or Town of Birth
Shelley, Idaho | |
| FATHER | 6. Full Name of Father
Nels D. Olson | | | 7. State or Country of Father's Birth
Sweden | |
| MOTHER | 8. Full Maiden Name of Mother
Minnie Lofgren | | | 9. State or Country of Mother's Birth
Sweden | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Nannie Agnes Kottbauer</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>January 27 1953</i> | | | 11. Present Address of Registrant
1020 So. Cochran Ave. | |
| | | | | 12. Signature of Notary
<i>Chester J. Kyri</i> | |
| | | | | 13. Notary Commission expires
My Commission Expires May 8, 1955 19 | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|--------------------------------------|--|--|------------------------------------|
| SUPPORTING RECORD 1- | Type of Document
Policy No. 1 134-156-A
Statement of Record | | By whom issued and signed
Metropolitan Life Ins. Co. | | Date issued
12/10/52 |
| | Date of Birth
July 11, 1895 | Birth Place
Shelley, Idaho | Full Name of Mother
Minnie Lofgren | | Date Orig. Entry
3/20/23 |
| Class* B | | | Name of Father
Nels D. Olson | | |
| | | | | | |
| SUPPORTING RECORD 2- | Type of Document
Affidavit | | By whom issued and signed
Phoebe Carlson | | Date issued
3-12-53 |
| | Date of Birth
July 11, 1895 | Birth Place
Shelley, Ida. | Full Name of Mother
Minnie Lofgren | | Date Orig. Entry |
| Class B | | | Name of Father
Nels D. Olson | | |
| | | | | | |
| SUPPORTING RECORD 3- | Type of Document
Affidavit | | By whom issued and signed
Erick A. Larson | | Date issued
3-9-53 |
| | Date of Birth
July 11, 1895 | Birth Place
Shelley, Idaho | Full Name of Mother
Minnie Lofgren | | Date Orig. Entry |
| Class B | | | Name of Father
Nels D. Olson | | |
| | | | | | |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
<i>W. W. Benson</i> | | Date Filed
3-16-53 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELETED CERTIFICATE OF BIRTH STATE OF IDAHO

| | | | |
|--|--|---|--|
| Name of Person
WILLIAM ROBERT OGDON | | Date of Birth
1902 JULY 11 | |
| Place of Birth
Idaho (Bingham) | | State of Birth
Idaho | |
| Name of Father
WILLIAM ROBERT OGDON | | Name of Mother
MINNIE LUTHER | |
| State of Father's Birth
Idaho | | State of Mother's Birth
Idaho | |
| Address of Registrar
1002 So. Cochran Ave. | | Address of Person
1002 So. Cochran Ave. | |
| Date Issued
1902 JULY 11 | | Date of Birth
1902 JULY 11 | |

| | | | |
|--|--|---|--|
| Name of Person
WILLIAM ROBERT OGDON | | Date of Birth
1902 JULY 11 | |
| Place of Birth
Idaho (Bingham) | | State of Birth
Idaho | |
| Name of Father
WILLIAM ROBERT OGDON | | Name of Mother
MINNIE LUTHER | |
| State of Father's Birth
Idaho | | State of Mother's Birth
Idaho | |
| Address of Registrar
1002 So. Cochran Ave. | | Address of Person
1002 So. Cochran Ave. | |
| Date Issued
1902 JULY 11 | | Date of Birth
1902 JULY 11 | |

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-266
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|------------------|-------------------------------|--|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Kathleen Adele Roberts | | | | 2. Date (month) (day) (year)
May 9 1895 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
De Lamar | a. County
Owyhee | b. City or Town of Birth
De Lamar | |
| FATHER | 6. Full Name of Father
John Abraham Roberts | | | | 7. State or Country of Father's Birth
England | |
| MOTHER | 8. Full Maiden Name of Mother
Elizabeth Lawry | | | | 9. State or Country of Mother's Birth
England | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Kathleen A. Roberts Jones</i> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
February 21 1953 | | | 11. Present Address of Registrant
466 Hopkins Road
Sacramento, California
12. Signature of Notary
<i>Albert J. Basham</i>
13. Notary Commission expires
My commission expires June 4, 1955
19 | | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|--------------------------------------|--|-------------------------------|--|--------------------------------|-----------------------------------|
| SUPPORTING RECORD 1.

Class* B | Type of Document
Affidavit by an older sister | | By whom issued and signed
Nan Roberts Nelson | Date issued
8/31/48 | Date Orig. Entry |
| | Date of Birth
May 9, 1895 | Birth Place
DeLamar, Idaho | Full Name of Mother | Name of Father | |
| SUPPORTING RECORD 2.

Class B. | Type of Document
Affidavit by older sister | | By whom issued and signed
Nora Roberts F. Gierman | Date issued
8/31/48 | Date Orig. Entry |
| | Date of Birth
May 9, 1895 | Birth Place
DeLamar, Idaho | Full Name of Mother | Name of Father | |
| SUPPORTING RECORD 3.

Class A | Type of Document
Baptismal entry | | By whom issued and signed
St. George's Church
DeLamar, Idaho | Date issued | Date Orig. Entry
Apr. 12, 1896 |
| | Date of Birth
May 9, 1895 | Birth Place
DeLamar, Idaho | Full Name of Mother
Elizabeth and | Name of Father
John Roberts | |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
<i>Mark F. Fisher</i> | Date Filed
Mch 16, 1953 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF IDAHO
CERTIFICATE OF BIRTH

State File No. 53-333
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | |
|--|---|--------------------|-----------------------------------|--|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
RAYMOND THURSTON BYINGTON | | | 2. Date (month) (day) (year)
Of Birth November 2, 1895 | |
| | 3. Color or Race
white | 4. Sex
M | 5. Place of Birth
Idaho | a. County
Bannock County | |
| FATHER | 6. Full Name of Father
Steven Eliot Byington | | | 7. State or Country of Father's Birth
Ogden Valley, Utah | |
| MOTHER | 8. Full Maiden Name of Mother
Jane Elizabeth Larson | | | 9. State or Country of Mother's Birth
Salt Lake City, Utah | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Raymond T Byington</i> | 11. Present Address of Registrant
4105 Adams St. Boise, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
April 2 19 53 | | | 12. Signature of Notary
<i>Maahy E. Eiden</i> | 13. Notary Commission expires
May 7 19 53 |

APPLICANT—DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|---|--|-------------------------------------|---|--|-----------------------------------|--|
| SUPPORTING RECORD 1.

Class* <u>B</u> | Type of Document
Honorable Discharge | | By whom issued and signed
United States Army | | Date issued
12/21/18 | Date Orig. Entry
10/3/17 |
| | Date of Birth
21 yrs old | Birth Place
Downey, Idaho | Full Name of Mother | | Name of Father | |
| SUPPORTING RECORD 2.

Class <u>A</u> | Type of Document
Family Bible Record | | By whom issued and signed
Jane E. Byington | | Date issued
Nov of 1895 | Date Orig. Entry
Nov of 1895 |
| | Date of Birth
Nov. 2, 1895 | Birth Place | Full Name of Mother | | Name of Father | |
| SUPPORTING RECORD 3.

Class <u>B</u> | Type of Document
Birth Certificate of Daughter | | By whom issued and signed
Bureau of Vital Statistics
State of Idaho #233014 | | Date issued
7/6/35 | Date Orig. Entry
6/19/35 |
| | Date of Birth
39 yrs old | Birth Place
Downey, Idaho | Full Name of Mother | | Name of Father | |

| | | | |
|-------------------------------------|--|---|------------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
Eva Karnes | Date Filed
April 2, 1953 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1992

1981, 5, 18

United States

Page 2

THEY WERE TO BE KEPT IN THE

1941-1942

12

100-443887-100

CONFIDENTIAL

Example: best hotel mode

10/10/10 10:10:10

1994-1995

1950

A circular postmark from the United States Post Office, New York. The text "UNITED STATES POST OFFICE" is curved along the top inner edge, and "NEW YORK" is curved along the bottom inner edge. The year "1893" is printed at the bottom. The center of the postmark is heavily obscured by a dark, irregular ink smudge.

10-1-68

SECRET

normal. 4. 4

RECEIVED 2 11 1968

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De53 384
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | |
|--|---|-------------------------|---|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>Lila Nancy Call</u> | | | 2. Date (month) (day) (year)
Of Birth <u>November 6 1895</u> | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Female</u> | 5. Place of Birth a. County <u>Fremont (then)</u>
b. City or Town of Birth <u>Rigby, Idaho</u> | | |
| FATHER | 6. Full Name of Father
<u>Cyril Josiah Call</u> | | | 7. State or Country of Father's Birth
<u>Utah U.S.A.</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Mary Ellen Wood</u> | | | 9. State or Country of Mother's Birth
<u>Utah U.S.A.</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<u>Lila Nancy Call Hamilton</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on <u>3-25 1953</u> | | | 11. Present Address of Registrant
<u>243 North 1st West St. Anthony, Idaho</u>
Notary Commission expires <u>Sept. 11 1955</u> | |
| | 12. Signature of Notary <u>Wesley T. Sehl</u> | | | | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|--|--|--|--|--|
| SUPPORTING RECORD 1-

Class <u>B</u> | Type of Document
<u>Baptismal record</u> | By whom issued and signed
<u>L. D. S. Church, by Stanley Jenkins, Clerk</u> | Date issued
<u>Mar. 25, 1953</u> | Date Orig. Entry
<u>Baptized on July 2, 1904</u> |
| | Date of Birth <u>Nov. 6, 1895</u>
Birth Place _____ | Full Name of Mother
<u>Mary Ellen Wood Call</u> | Name of Father
<u>Cyril Josiah Call</u> | |
| SUPPORTING RECORD 2-

Class <u>B</u> | Type of Document
<u>School record</u> | By whom issued and signed
<u>Fremont County Board of Education by E. O. Rich, Co. Supt.</u> | Date issued
<u>3/25/53</u> | Date Orig. Entry
<u>School Census of Sept. 30, 1905</u> |
| | Date of Birth <u>9 yrs old</u>
Birth Place _____ | Full Name of Mother
<u>Cyril J. Call</u> | Name of Father
<u>Cyril J. Call</u> | |
| SUPPORTING RECORD 3-

Class <u>B</u> | Type of Document <u>#102371</u>
<u>Birth Certificate of Son /</u> | By whom issued and signed
<u>Bureau of Vital Statistics</u> | Date issued
<u>Filed on 6/4/22</u> | Date Orig. Entry
<u>Child born on Mar. 22, 1922</u> |
| | Date of Birth <u>26 yrs old</u>
Birth Place <u>Idaho</u> | Full Name of Mother
<u>Idaho</u> | Name of Father
<u>Idaho</u> | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|--|-------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<u>W. W. Benson</u> | Evidence reviewed by
<u>Edna Hamilton</u> | Date Filed
<u>April 16, 1953</u> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

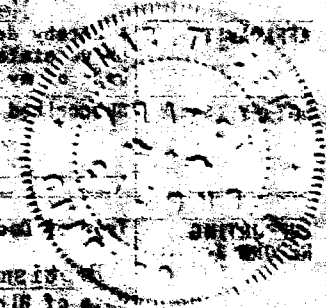
DELETED CERTIFICATE OF BIRTH

STATE OF TEXAS

JUN 1 1976

1953 1 4 1953

| | | |
|---|--|--|
| <p>1. Name of child
 2. Date of birth
 3. Place of birth
 4. Sex
 5. Race
 6. Color
 7. Height
 8. Weight
 9. Eyes
 10. Hair
 11. Skin
 12. Markings
 13. Signature of Registrar
 14. Date of registration
 15. Office of Registrar</p> | <p>1. Name of mother
 2. Date of birth
 3. Place of birth
 4. Sex
 5. Race
 6. Color
 7. Height
 8. Weight
 9. Eyes
 10. Hair
 11. Skin
 12. Markings
 13. Signature of Registrar
 14. Date of registration
 15. Office of Registrar</p> | <p>1. Name of father
 2. Date of birth
 3. Place of birth
 4. Sex
 5. Race
 6. Color
 7. Height
 8. Weight
 9. Eyes
 10. Hair
 11. Skin
 12. Markings
 13. Signature of Registrar
 14. Date of registration
 15. Office of Registrar</p> |
|---|--|--|



| | | |
|---|--|--|
| <p>1. Name of child
 2. Date of birth
 3. Place of birth
 4. Sex
 5. Race
 6. Color
 7. Height
 8. Weight
 9. Eyes
 10. Hair
 11. Skin
 12. Markings
 13. Signature of Registrar
 14. Date of registration
 15. Office of Registrar</p> | <p>1. Name of mother
 2. Date of birth
 3. Place of birth
 4. Sex
 5. Race
 6. Color
 7. Height
 8. Weight
 9. Eyes
 10. Hair
 11. Skin
 12. Markings
 13. Signature of Registrar
 14. Date of registration
 15. Office of Registrar</p> | <p>1. Name of father
 2. Date of birth
 3. Place of birth
 4. Sex
 5. Race
 6. Color
 7. Height
 8. Weight
 9. Eyes
 10. Hair
 11. Skin
 12. Markings
 13. Signature of Registrar
 14. Date of registration
 15. Office of Registrar</p> |
|---|--|--|



| | | |
|---|--|--|
| <p>1. Name of child
 2. Date of birth
 3. Place of birth
 4. Sex
 5. Race
 6. Color
 7. Height
 8. Weight
 9. Eyes
 10. Hair
 11. Skin
 12. Markings
 13. Signature of Registrar
 14. Date of registration
 15. Office of Registrar</p> | <p>1. Name of mother
 2. Date of birth
 3. Place of birth
 4. Sex
 5. Race
 6. Color
 7. Height
 8. Weight
 9. Eyes
 10. Hair
 11. Skin
 12. Markings
 13. Signature of Registrar
 14. Date of registration
 15. Office of Registrar</p> | <p>1. Name of father
 2. Date of birth
 3. Place of birth
 4. Sex
 5. Race
 6. Color
 7. Height
 8. Weight
 9. Eyes
 10. Hair
 11. Skin
 12. Markings
 13. Signature of Registrar
 14. Date of registration
 15. Office of Registrar</p> |
|---|--|--|

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 388
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|-------------------------|--|--|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
OLIVE GERTRUDE GWINN | | | | 2. Date (month) (day) (year)
Of Birth FEBRUARY 11, 1895 | |
| | 3. Color or Race
WHITE | 4. Sex
FEMALE | 5. Place of Birth a. County ?
CALDWELL IDAHO | | b. City or Town of Birth
CALDWELL | |
| FATHER | 6. Full Name of Father
JAMES HULL GWINN | | | | 7. State or Country of Father's Birth | |
| MOTHER | 8. Full Maiden Name of Mother
CHARLEY LUCUS | | | | 9. State or Country of Mother's Birth
MISSOURI | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Olive Gertrude Gwin</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
March 2 1953 | | | | 11. Present Address of Registrant
34-14 81st ST NY 72 N.Y
12. Signature of Notary
<i>Harry Schmidt</i>
13. Notary Public, State of New York
No. 413503703 19
Qualified in Queens County | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | |
|--|--|--|---------------------------------------|
| SUPPORTING RECORD 1-

Class* <u>B</u> | Type of Document
Affidavit by Aunt | By whom issued and signed
Cleo L. Kelly | Date issued
March 30, 1953 |
| | Date of Birth
Feb. 11, 1895 | Birth Place
Caldwell, Idaho | Date Orig. Entry
2-19-53 |
| SUPPORTING RECORD 2-

Class <u>B</u> | Type of Document
record | By whom issued and signed
Thomas B. Steel, Registrar | Date issued
4-8-53 |
| | Date of Birth
Feb. 11, 1895 | Birth Place
Caldwell, Idaho | Date Orig. Entry
Aut., 1913 |
| SUPPORTING RECORD 3-

Class <u>B</u> | Type of Document
admittance record | By whom issued and signed
Ethelyn Toner, Registrar | Date issued
April 9, 1953 |
| | Date of Birth
Feb. 11, 1895 | Birth Place
Caldwell, Idaho | Date Orig. Entry
Aut., 1913 |
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION (seal) | | | |
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | Evidence reviewed by
Edna Hamilton | |
| State Registrar
W. W. Benson | | Date Filed
April 16, 1953 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

451-203 022 693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-430
Local Reg. No. _____
Reg. Dist. No. _____

| | | | |
|---|--|---|---|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County. <u>Fremont</u> (b) City. <u>Ashton</u>
(c) Street Address or R.F.D. No. <u>City P.O. Box 23</u>
(d) Name of Hospital or Maternity Home: <u>None</u>
(e) Mothers stay BEFORE delivery:
In THIS county <u>4</u> years <u>42</u> months <u>3</u> days | | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State. <u>Idaho</u> (b) County. <u>Fremont</u>
(c) City. <u>Ashton</u>
(d) Street Address or R.F.D. No. <u>P.O. Box 23</u>
(e) How long has MOTHER lived in Idaho? <u>always</u> yrs. | |
| 4. FULL NAME OF CHILD <u>Lois Sharon Dean</u> | | 5. Date of Birth of Child
(Month, day, year) <u>Sept 9 1936</u> | |
| 6 Sex <u>girl</u> | 7. Twin or Triplet <u>-</u> If so—born <u>1st, 2nd, 3rd</u> <u>-</u> | 8. No. months of Pregnancy | 9. Legitimate? <u>yes</u> |
| FATHER OF CHILD | | MOTHER OF CHILD | |
| 10. FULL NAME <u>Rodney Bailey Dean</u> | 16. FULL MAIDEN NAME <u>Burtree Williams</u> | | |
| 11. Color or Race <u>white</u> | 12. Age at time of THIS birth <u>49</u> yrs. | 17. Color or Race <u>white</u> | 18. Age at time of THIS birth <u>42</u> yrs. |
| 13. Birthplace <u>Pine Valley Penn.</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Ashton Idaho</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>carpenter</u> | 20. Exact Occupation <u>house wife</u> | | |
| 15. Industry or Business <u>no</u> | 21. Industry or Business <u>no</u> | | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum _____ | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>14</u> (b) Born alive and now living <u>6</u> | | | |

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 10:30 P.M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

AFFIDAVIT

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Benevolence }
I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 65 years of age, that I have known this person for 17 years, and that
Dr. E. L. Nargis - Ashton Idaho who attended this birth cannot be located I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 24 day of April, 1953
(SEAL) Ray A. Brown Notary Public, residing at St. Maries, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Commission expires Feb. 24, 1957

Received for filing on April 27, 1953 by W. W. Benson, Registrar

APR 28 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RECEIVED

437-229-869 DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. Do 53-493
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | |
|--|---|--------|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Margaret May McGinley | | | 2. Date (month) (day) (year)
Of Birth September 29 1895 | |
| | 3. Color or Race
White | 4. Sex | 5. Place of Birth
Pine Grove | a. County
Elmore | b. City or Town of Birth
Pine Grove, Elmore County, Idaho |
| FATHER | 6. Full Name of Father
James Henry McGinley | | | 7. State or Country of Father's Birth
Sussex County, England | |
| MOTHER | 8. Full Maiden Name of Mother
Nellie May York | | | 9. State or Country of Mother's Birth
Baker, Oregon. | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Margaret M. Fruit</i> | 11. Present Address of Registrant
Red Bluff, California |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>March 27 1953</i>
<i>State of California County of Teller</i> | | | 12. Signature of Notary
<i>Herbert G. Vicans</i> | 13. Notary Commission expires
1/31 1957 |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|---|--|--|--|
| SUPPORTING
RECORD 1. | Type of Document
Affidavit by mother | | By whom issued and signed
Nellie McGovern | | Date Issued
May 13, 1953 |
| | Date of Birth
Sept. 29, 1895 | Birth Place
Pine Grove, Idaho | Full Name of Mother | | Name of Father
James H. McGinley |
| SUPPORTING
RECORD 2. | Type of Document
Census Record | | By whom issued and signed
Bureau of the Census | | Date Issued
Census of 1900 |
| | Date of Birth
Sept. 1895 | Birth Place
4 yrs old Idaho | Full Name of Mother
Nellie and | | Name of Father
James McGinley |
| SUPPORTING
RECORD 3. | Type of Document
School Record | | By whom issued and signed
Boise Senior High School | | Date Issued
Sept. 4, 1913 |
| | Date of Birth
Sept. 29, 1895 | Birth Place
Boise, Idaho | Full Name of Mother | | Name of Father
J. H. McGinley |

| | | | |
|--|--|--|-----------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
<i>Marked Keegan</i> | Date Filed
May 14, 1953 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATION OF BIRTH
STATE OF IDAHO

State File No. De53 592
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | |
|--|---|---------------------|-----------------------------------|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>MABEL MC GUIRE</u> | | | 2. Date (month) (day) (year)
Of Birth <u>December 4, 1895</u> | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>F.</u> | 5. Place of Birth
<u>Idaho</u> | a. County
<u>Ada County</u> | |
| FATHER | 6. Full Name of Father
<u>Robert Henry McGuire</u> | | | b. City or Town of Birth
<u>Boise, Idaho</u> | |
| MOTHER | 7. State or Country of Father's Birth
<u>Nackawick, New Brunswick, Canada</u> | | | 8. Full Maiden Name of Mother
<u>Lora Ann Gess</u> | |
| AFFIDAVIT | 9. State or Country of Mother's Birth
<u>Trenton, Missouri</u> | | | 10. Signature of Registrant
<u>Mabel Mc Guire Beveridge</u> | |
| NOTARY (Seal) | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 11. Present Address of Registrant
<u>308 East Ave "A" Jerome</u> | |
| | Subscribed and sworn to before me on
<u>June 9 1953</u> | | | 12. Signature of Notary
<u>[Signature]</u> | |
| | | | | 13. Notary Commission expires
<u>Sept 18 1955</u> | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|------------------------------------|--|--|--|
| SUPPORTING RECORD 1-

Class* <u>A.</u> | Type of Document
<u>Family Bible Record</u> | | By whom issued and signed
<u>Robert H. McGuire</u> | | Date issued
<u>Dec of 1895</u> |
| | Date of Birth
<u>Dec 4, 1895</u> | Birth Place
<u>Boise, Idaho</u> | Full Name of Mother
<u>Lora Ann Gess</u> | | Date Orig. Entry
<u>Dec of 1895</u> |
| | | | Name of Father
<u>Robert Henry McGuire</u> | | |
| SUPPORTING RECORD 2-

Class <u>B.</u> | Type of Document
<u>Birth Certificate of Daughter</u> | | By whom issued and signed
<u>Bureau of Vital Statistics</u> | | Date issued
<u>7/31/24</u> |
| | Date of Birth
<u>27 yrs old</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>State of Idaho #129460</u> | | Date Orig. Entry
<u>July 25, 1924</u> |
| | | | Name of Father | | |
| SUPPORTING RECORD 3-

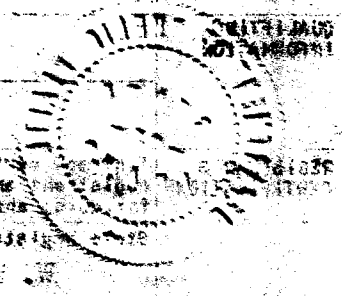
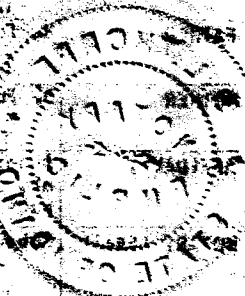
Class _____ | Type of Document | | By whom issued and signed | | Date issued |
| | Date of Birth | Birth Place | Full Name of Mother | | Date Orig. Entry |
| | | | Name of Father | | |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | | | | | |
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| State Registrar
<u>W. W. Benson</u> | | | Evidence reviewed by
<u>Eva Karnes</u> | | Date Filed
<u>June 10 1953</u> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DECEASED CERTIFICATE OF BIRTH
STATE OF ILLINOIS

Oct 24 1903

| | | | |
|---|--|---|--|
| Date of Birth
December 1, 1892 | | Date of Death
June 5, 1903 | |
| Place of Birth
Chicago, Illinois | | Place of Death
Chicago, Illinois | |
| Name of Father
James J. McGowan | | Name of Mother
Mary J. McGowan | |
| State of County of Father's Birth
Illinois | | State of County of Mother's Birth
Illinois | |
| Name of Registrar
J. J. McGowan | | Name of Registrar
J. J. McGowan | |
| Signature of Registrar
J. J. McGowan | | Signature of Registrar
J. J. McGowan | |
| Date of Birth
December 1, 1892 | | Date of Birth
December 1, 1892 | |
| Date of Death
June 5, 1903 | | Date of Death
June 5, 1903 | |
| Name of Father
James J. McGowan | | Name of Father
James J. McGowan | |
| Name of Mother
Mary J. McGowan | | Name of Mother
Mary J. McGowan | |
| State of County of Father's Birth
Illinois | | State of County of Mother's Birth
Illinois | |
| Name of Registrar
J. J. McGowan | | Name of Registrar
J. J. McGowan | |
| Signature of Registrar
J. J. McGowan | | Signature of Registrar
J. J. McGowan | |



DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De53-667
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | |
|--|---|-----------------------|-----------------------------------|---------------------------|---|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Frank Morton Anderson | | | | 2. Date (month) (day) (year)
Of Birth May 5 1895 | | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth
Idaho | a. County
Idaho | b. City or Town of Birth
Elk City | | |
| FATHER | 6. Full Name of Father
John Morton Anderson | | | | 7. State or Country of Father's Birth
Massachusetts | | |
| MOTHER | 8. Full Maiden Name of Mother
Anna Marie Weber | | | | 9. State or Country of Mother's Birth
Canada | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Frank M. Anderson</i> | | 11. Present Address of Registrant
Bx 126 North Fork Calif |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>May 28 1951</i> | | | | 12. Signature of Notary
<i>Marcia M. Putney</i> | | 13. Notary Commission expires
<i>Aug. 12 1954</i> |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|--|--|--|---|--|
| SUPPORTING
RECORD 1. | Type of Document
Honorable Discharge | | By whom issued and signed
United States Army | | Date issued | Date Orig. Entry
Jan. 30, 1919 |
| | Date of Birth
23-3/12 yrs old, | Birth Place
Grangeville, Idaho | Full Name of Mother | | Name of Father | |
| SUPPORTING
RECORD 2. | Type of Document
Affidavit by | | By whom issued and signed
Eli J. Weber | | Date issued
June 30, 1953 | Date Orig. Entry |
| | Date of Birth
May 5, 1895, | Birth Place
Elk City, Idaho | Full Name of Mother
Anna M. Anderson | | Name of Father
John Morton Anderson | |
| SUPPORTING
RECORD 3. | Type of Document
Affidavit by mother | | By whom issued and signed
Anna M. Anderson | | Date issued
June 19, 1951 | Date Orig. Entry |
| | Date of Birth
May 5, 1895, | Birth Place
Elk City, Idaho | Full Name of Mother
Anna M. Anderson | | Name of Father
John Morton Anderson | |

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| | | |
|--|---|-----------------------------------|
| State Registrar
W. W. Benson | Evidence reviewed by
<i>Mary E. Egan</i> | Date Filed
July 6, 1953 |
|--|---|-----------------------------------|

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAIED CERTIFICATE OF BIRTH STATE OF IOWA

Department of Public Health
Division of Vital Statistics
Iowa, 1900

State of Iowa, County of _____
City of _____
Date of Birth _____
Local Reg. No. _____
Reg. Dist. No. _____
(Year) (Month) (Day)

REGISTRATION
Person whose
Birth is being
registered

John Norton Anderson
White Male
Iowa
Place of Birth
Color or Race or Sex

City or Town of Birth
MIL CITY
State or County of Father's Birth
IOWA
Date of Birth
MAY 5 1892

John Norton Anderson
Ann Marie Weber
Date of Birth _____
Place of Birth _____
Color or Race or Sex _____

FATHER

Present address of Registrant
11. _____
12. _____
13. _____

My decline upon oath that the
statements are true to the
best of my knowledge and belief.
I have signed and sworn to before me on
this _____ day of _____, 1900.

REGISTRAR

EX 108 NORTH FIRST ST
MIL CITY, IOWA

Date of Birth
MAY 5 1892
Place of Birth
MIL CITY, IOWA
Name of Father
JOHN NORTON ANDERSON

Date of Birth
MAY 5 1892
Place of Birth
MIL CITY, IOWA
Name of Father
JOHN NORTON ANDERSON

Date of Birth
MAY 5 1892
Place of Birth
MIL CITY, IOWA
Name of Father
JOHN NORTON ANDERSON

REGISTRAR

Date of Birth
MAY 5 1892
Place of Birth
MIL CITY, IOWA
Name of Father
JOHN NORTON ANDERSON

Date of Birth
MAY 5 1892
Place of Birth
MIL CITY, IOWA
Name of Father
JOHN NORTON ANDERSON

Date of Birth
MAY 5 1892
Place of Birth
MIL CITY, IOWA
Name of Father
JOHN NORTON ANDERSON

REGISTRAR

Date of Birth
MAY 5 1892
Place of Birth
MIL CITY, IOWA
Name of Father
JOHN NORTON ANDERSON

Date of Birth
MAY 5 1892
Place of Birth
MIL CITY, IOWA
Name of Father
JOHN NORTON ANDERSON

Date of Birth
MAY 5 1892
Place of Birth
MIL CITY, IOWA
Name of Father
JOHN NORTON ANDERSON

REGISTRAR

It is hereby certified that no other birth certificate has been found in the Division of Vital Statistics for this
child, and that satisfactory evidence has been received, which substantiates the facts as set forth in the
preceding certificate.

Date Filed
MAY 5 1900

W. W. ANDERSON

Class A Records are those which have been filed in the Division of Vital Statistics for the purpose of being
Class B Records are those which have been filed in the Division of Vital Statistics for the purpose of being

DELAYED CERTIFICATION OF BIRTH
STATE OF IDAHO

State File No. De 53-716
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | | |
|--|---|-------------------------|-----------------------------------|-----------------------------|---|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
VIOLET MARY NORTON | | | | 2. Date (month) (day) (year)
Of Birth NOVEMBER 8 1895 | | | |
| | 3. Color or Race
WHITE | 4. Sex
FEMALE | 5. Place of Birth
IDAHO | a. County
BINGHAM | b. City or Town of Birth
IONA | | | |
| FATHER | 6. Full Name of Father
RUFUS WILEY NORTON | | | | 7. State or Country of Father's Birth
LEHI, UTAH | | | |
| MOTHER | 8. Full Maiden Name of Mother
CYNTHIA ANN COOPER | | | | 9. State or Country of Mother's Birth
AMERICAN FORK, UTAH | | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Violet Mary Norton</i> | | 11. Present Address of Registrant
<i>Rt #1, Idaho Falls</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>July 25 1953</i> | | | | 12. Signature of Notary
<i>Margaret Krane</i> | | 13. Notary Commission expires
<i>2/4 1956</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|-----------------------------------|---|--|---|---|
| SUPPORTING
RECORD 1. | Type of Document
Family Bible Record | | By whom issued and signed
Family Bible | | Date issued | Date Orig. Entry
Nov. 8, 1895 |
| | Date of Birth
Nov. 8, 1895 | Birth Place
Iona, Idaho | Full Name of Mother
Cynthia Ann Cooper Norton | | Name of Father
Rufus Wiley Norton | |
| SUPPORTING
RECORD 2. | Type of Document
Birth Certificate of Son | | By whom issued and signed
Bureau of Vital Statistics
State of Idaho | | Date issued
Sept. 25, 1917 | Date Orig. Entry |
| | Date of Birth
21 yrs. old | Birth Place
Idaho | Full Name of Mother | | Name of Father | |
| SUPPORTING
RECORD 3. | Type of Document | | By whom issued and signed | | Date issued | Date Orig. Entry |
| | Date of Birth | Birth Place | Full Name of Mother | | Name of Father | |

QUALIFYING
INFORMATION

| | | | |
|--|--|--|------------------------------------|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. Benson</i> | Evidence reviewed by
<i>Joyce Hoppins</i> | Date Filed
July 25, 1953 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 743
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|-----------------------|-------------------------------------|---|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>ROBERT OVERTON CRENSHAW</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>Oct. 24 1895</u> | |
| | 3. Color of Race
<u>White</u> | 4. Sex
<u>male</u> | 5. Place of Birth
<u>Ardenai</u> | 6. City or Town of Birth
<u>Rathdrum</u> | | |
| FATHER | 6. Full Name of Father
<u>JOHN CRENSHAW</u> | | | | 7. State or Country of Father's Birth
<u>ARKANSAS</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>CORA J. BORTHWICK</u> | | | | 9. State or Country of Mother's Birth
<u>MINNESOTA</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Robert Overton Crenshaw</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>July 18 1953</u> | | | | 11. Present Address of Registrant
<u>Potlatch Idaho</u>
12. Notary Commission expires
residing at Potlatch, Idaho. <u>19</u>
My Commission expires May 28, 1955 | |
| 12. Signature of Notary
<u>W. Clark</u> | | | | | | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
|---|--|---------------------------------------|--|--|--|--|
| SUPPORTING RECORD 1. | Type of Document
<u>Bible record of family births</u> | | By whom issued and signed | | Date issued | Date Orig. Entry
<u>Oct. 24, 1895</u> |
| | Date of Birth
<u>Oct. 24, 1895</u> | Birth Place
<u>Rathdrum, Idaho</u> | Full Name of Mother
<u>Cora J. Borthwick</u> | | Name of Father
<u>John Crenshaw</u> | |
| | | | By whom issued and signed | | Date issued | Date Orig. Entry |
| SUPPORTING RECORD 2. | Type of Document
<u>Family record of Births</u> | | By whom issued and signed | | Date issued | Date Orig. Entry |
| | Date of Birth
<u>Oct. 24, 1895</u> | Birth Place | Full Name of Mother | | Name of Father | |
| | | | By whom issued and signed | | Date issued | Date Orig. Entry |
| SUPPORTING RECORD 3. | Type of Document
<u>Affidavit by Aunt</u> | | By whom issued and signed
<u>Mrs. Annie E. Wood</u> | | Date issued
<u>7/6/53</u> | Date Orig. Entry |
| | Date of Birth
<u>Oct. 24, 1895</u> | Birth Place | Full Name of Mother | | Name of Father | |
| | | | By whom issued and signed | | Date issued | Date Orig. Entry |

| | | | |
|-------------------------------------|--|--|-----------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<u>W. W. Benson</u> | Evidence reviewed by
<u>Edna Hamilton</u> | Date Filed
<u>Aug. 5, 1953</u> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

001 0001 0001 0001

DEC 6 1953
AUG 6 - 1953

AUG 6 - 1953

[illegible][illegible][illegible]

1941. 2. 24

[The page contains several lines of extremely faint, illegible text, possibly bleed-through from the reverse side.]

[illegible]

1. The first step in the process of identifying a problem is to define the problem. This involves identifying the symptoms of the problem and determining the scope of the problem. Once the problem has been defined, the next step is to identify the causes of the problem. This involves identifying the factors that are contributing to the problem and determining the underlying causes of the problem. Once the causes of the problem have been identified, the next step is to develop a plan to address the problem. This involves identifying the actions that need to be taken to address the problem and determining the resources that will be needed to implement the plan. Once a plan has been developed, the next step is to implement the plan. This involves taking the actions that have been identified in the plan and putting them into practice. Finally, the last step in the process is to evaluate the results of the plan. This involves determining whether the plan has been successful in addressing the problem and identifying any areas for improvement.

1917
 1918
 1919
 1920
 1921
 1922
 1923
 1924
 1925
 1926
 1927
 1928
 1929
 1930
 1931
 1932
 1933
 1934
 1935
 1936
 1937
 1938
 1939
 1940
 1941
 1942
 1943
 1944
 1945
 1946
 1947
 1948
 1949
 1950
 1951
 1952
 1953
 1954
 1955
 1956
 1957
 1958
 1959
 1960
 1961
 1962
 1963
 1964
 1965
 1966
 1967
 1968
 1969
 1970
 1971
 1972
 1973
 1974
 1975
 1976
 1977
 1978
 1979
 1980
 1981
 1982
 1983
 1984
 1985
 1986
 1987
 1988
 1989
 1990
 1991
 1992
 1993
 1994
 1995
 1996
 1997
 1998
 1999
 2000
 2001
 2002
 2003
 2004
 2005
 2006
 2007
 2008
 2009
 2010
 2011
 2012
 2013
 2014
 2015
 2016
 2017
 2018
 2019
 2020
 2021
 2022
 2023
 2024
 2025
 2026
 2027
 2028
 2029
 2030
 2031
 2032
 2033
 2034
 2035
 2036
 2037
 2038
 2039
 2040
 2041
 2042
 2043
 2044
 2045
 2046
 2047
 2048
 2049
 2050
 2051
 2052
 2053
 2054
 2055
 2056
 2057
 2058
 2059
 2060
 2061
 2062
 2063
 2064
 2065
 2066
 2067
 2068
 2069
 2070
 2071
 2072
 2073
 2074
 2075
 2076
 2077
 2078
 2079
 2080
 2081
 2082
 2083
 2084
 2085
 2086
 2087
 2088
 2089
 2090
 2091
 2092
 2093
 2094
 2095
 2096
 2097
 2098
 2099
 2100
 2101
 2102
 2103
 2104
 2105
 2106
 2107
 2108
 2109
 2110
 2111
 2112
 2113
 2114
 2115
 2116
 2117
 2118
 2119
 2120
 2121
 2122
 2123
 2124
 2125
 2126
 2127
 2128
 2129
 2130
 2131
 2132
 2133
 2134
 2135
 2136
 2137
 2138
 2139
 2140
 2141
 2142
 2143
 2144
 2145
 2146
 2147
 2148
 2149
 2150
 2151
 2152
 2153
 2154
 2155
 2156
 2157
 2158
 2159
 2160
 2161
 2162
 2163
 2164
 2165
 2166
 2167
 2168
 2169
 2170
 2171
 2172
 2173
 2174
 2175
 2176
 2177
 2178
 2179
 2180
 2181
 2182
 2183
 2184
 2185
 2186
 2187
 2188
 2189
 2190
 2191
 2192
 2193
 2194
 2195
 2196
 2197
 2198
 2199
 2200
 2201
 2202
 2203
 2204
 2205
 2206
 2207
 2208
 2209
 2210
 2211
 2212
 2213
 2214
 2215
 2216
 2217
 2218
 2219
 2220
 2221
 2222
 2223
 2224
 2225
 2226
 2227
 2228
 2229
 2230
 2231
 2232
 2233
 2234
 2235
 2236
 2237
 2238
 2239
 2240
 2241
 2242
 2243
 2244
 2245
 2246
 2247
 2248
 2249
 2250
 2251
 2252
 2253
 2254
 2255
 2256
 2257
 2258
 2259
 2260
 2261
 2262
 2263
 2264
 2265
 2266
 2267
 2268
 2269
 2270
 2271
 2272
 2273
 2274
 2275
 2276
 2277
 2278
 2279
 2280
 2281
 2282
 2283
 2284
 2285
 2286
 2287
 2288
 2289
 2290
 2291
 2292
 2293
 2294
 2295
 2296
 2297
 2298
 2299
 2300
 2301
 2302
 2303
 2304
 2305
 2306
 2307
 2308
 2309
 2310
 2311
 2312
 2313
 2314
 2315
 2316
 2317
 2318
 2319
 2320
 2321
 2322
 2323
 2324
 2325
 2326
 2327
 2328
 2329
 2330
 2331
 2332
 2333
 2334
 2335
 2336
 2337
 2338
 2339
 2340
 2341
 2342
 2343
 2344
 2345
 2346
 2347
 2348
 2349
 2350
 2351
 2352
 2353
 2354
 2355
 2356
 2357
 2358
 2359
 2360
 2361
 2362
 2363
 2364
 2365
 2366
 2367
 2368
 2369
 2370
 2371

1944
 1945
 1946
 1947
 1948
 1949
 1950
 1951
 1952
 1953
 1954
 1955
 1956
 1957
 1958
 1959
 1960
 1961
 1962
 1963
 1964
 1965
 1966
 1967
 1968
 1969
 1970
 1971
 1972
 1973
 1974
 1975
 1976
 1977
 1978
 1979
 1980
 1981
 1982
 1983
 1984
 1985
 1986
 1987
 1988
 1989
 1990
 1991
 1992
 1993
 1994
 1995
 1996
 1997
 1998
 1999
 2000
 2001
 2002
 2003
 2004
 2005
 2006
 2007
 2008
 2009
 2010
 2011
 2012
 2013
 2014
 2015
 2016
 2017
 2018
 2019
 2020
 2021
 2022
 2023
 2024
 2025
 2026
 2027
 2028
 2029
 2030
 2031
 2032
 2033
 2034
 2035
 2036
 2037
 2038
 2039
 2040
 2041
 2042
 2043
 2044
 2045
 2046
 2047
 2048
 2049
 2050
 2051
 2052
 2053
 2054
 2055
 2056
 2057
 2058
 2059
 2060
 2061
 2062
 2063
 2064
 2065
 2066
 2067
 2068
 2069
 2070
 2071
 2072
 2073
 2074
 2075
 2076
 2077
 2078
 2079
 2080
 2081
 2082
 2083
 2084
 2085
 2086
 2087
 2088
 2089
 2090
 2091
 2092
 2093
 2094
 2095
 2096
 2097
 2098
 2099
 2100
 2101
 2102
 2103
 2104
 2105
 2106
 2107
 2108
 2109
 2110
 2111
 2112
 2113
 2114
 2115
 2116
 2117
 2118
 2119
 2120
 2121
 2122
 2123
 2124
 2125
 2126
 2127
 2128
 2129
 2130
 2131
 2132
 2133
 2134
 2135
 2136
 2137
 2138
 2139
 2140
 2141
 2142
 2143
 2144
 2145
 2146
 2147
 2148
 2149
 2150
 2151
 2152
 2153
 2154
 2155
 2156
 2157
 2158
 2159
 2160
 2161
 2162
 2163
 2164
 2165
 2166
 2167
 2168
 2169
 2170
 2171
 2172
 2173
 2174
 2175
 2176
 2177
 2178
 2179
 2180
 2181
 2182
 2183
 2184
 2185
 2186
 2187
 2188
 2189
 2190
 2191
 2192
 2193
 2194
 2195
 2196
 2197
 2198
 2199
 2200
 2201
 2202
 2203
 2204
 2205
 2206
 2207
 2208
 2209
 2210
 2211
 2212
 2213
 2214
 2215
 2216
 2217
 2218
 2219
 2220
 2221
 2222
 2223
 2224
 2225
 2226
 2227
 2228
 2229
 2230
 2231
 2232
 2233
 2234
 2235
 2236
 2237
 2238
 2239
 2240
 2241
 2242
 2243
 2244
 2245
 2246
 2247
 2248
 2249
 2250
 2251
 2252
 2253
 2254
 2255
 2256
 2257
 2258
 2259
 2260
 2261
 2262
 2263
 2264
 2265
 2266
 2267
 2268
 2269
 2270
 2271
 2272
 2273
 2274
 2275
 2276
 2277
 2278
 2279
 2280
 2281
 2282
 2283
 2284
 2285
 2286
 2287
 2288
 2289
 2290
 2291
 2292
 2293
 2294
 2295
 2296
 2297
 2298
 2299
 2300
 2301
 2302
 2303
 2304
 2305
 2306
 2307
 2308
 2309
 2310
 2311
 2312
 2313
 2314
 2315
 2316
 2317
 2318
 2319
 2320
 2321
 2322
 2323
 2324
 2325
 2326
 2327
 2328
 2329
 2330
 2331
 2332
 2333
 2334
 2335
 2336
 2337
 2338
 2339
 2340
 2341
 2342
 2343
 2344
 2345
 2346
 2347
 2348
 2349
 2350
 2351
 2352
 2353
 2354
 2355
 2356
 2357
 2358
 2359
 2360
 2361
 2362
 2363
 2364
 2365
 2366
 2367
 2368
 2369
 2370
 2371
 2372
 2373
 2374
 2375
 2376
 2377
 2378
 2379
 2380
 2381
 2382
 2383
 2384
 2385
 2386
 2387
 2388
 2389
 2390
 2391
 2392
 2393
 2394
 2395
 2396
 2397
 2398

[illegible]

842-214-220-249 DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De53-799
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|---------------------|---|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Arlis Elizabeth Hubbell</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>Sept. 14 1895</u> | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>F.</u> | 5. Place of Birth
<u>Mountain Home, Elmore</u> | | b. City or Town of Birth
<u>Mountain Home, Idaho</u> | |
| FATHER | 6. Full Name of Father
<u>Henry Clay Hubbell</u> | | | | 7. State or Country of Father's Birth
<u>Cincinnati, Ohio</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Viola Volice Hubbell Burton</u> | | | | 9. State or Country of Mother's Birth
<u>Kaysville, Utah</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Arlis Elizabeth Hubbell</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>Aug 17th 1953</u> | | | | 11. Present Address of Registrant
<u>10 E. 24th Ave Portland, Ore</u> | |
| | 12. Signature of Notary
<u>Grace Grammer</u> | | | | 13. Notary Commission expires
<u>Aug 8 1957</u> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|-----------------------------|---|--|--|------------------------------------|
| SUPPORTING
RECORD 1. | Type of Document
<u>Census Record</u> | | By whom issued and signed
<u>Department of Commerce
Bureau of the Census</u> | | Date issued
<u>Census of 1900</u> | Date Orig. Entry |
| | Date of Birth
<u>4 yrs old
Sept. 1895</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>Viola V.</u> | | Name of Father
<u>Harry C. Hubble</u> | |
| SUPPORTING
RECORD 2. | Type of Document
<u>School Record</u> | | By whom issued and signed
<u>University of Oregon</u> | | Date issued
<u>May 4, 1953</u> | Date Orig. Entry |
| | Date of Birth
<u>Sept. 14, 1895</u> | Birth Place | Full Name of Mother | | Name of Father | |
| SUPPORTING
RECORD 3. | Type of Document | | By whom issued and signed | | Date issued | Date Orig. Entry |
| | Date of Birth | Birth Place | Full Name of Mother | | Name of Father | |
| QUALIFYING
INFORMATION | | | | | | |
| | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<u>W. W. Benson</u> | | Evidence reviewed by
<u>Mabel Fielder</u> | | | Date Filed
<u>Aug. 19, 1953</u> |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DECEASED

STATE OF OREGON
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
DIVISION OF STATISTICS

DECEASED
STATE OF OREGON
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
DIVISION OF STATISTICS

DATE OF BIRTH: 1915
DATE OF DEATH: 1955
PLACE OF BIRTH: Portland, Oregon
PLACE OF DEATH: Portland, Oregon
CAUSE OF DEATH: Heart Disease
MANNER OF DEATH: Natural
RACE: White
SEX: Male
AGE: 40
EDUCATION: High School
OCCUPATION: Engineer
MARRIAGE: Married
SPOUSE: John Doe
CHILDREN: None
BLOOD RELATIVES: None
OTHER RELATIVES: None
DATE OF INTERVIEW: 1955
INTERVIEWER: John Doe
DATE OF REPORT: 1955
REPORTER: John Doe

DATE OF BIRTH: 1915
DATE OF DEATH: 1955
PLACE OF BIRTH: Portland, Oregon
PLACE OF DEATH: Portland, Oregon
CAUSE OF DEATH: Heart Disease
MANNER OF DEATH: Natural
RACE: White
SEX: Male
AGE: 40
EDUCATION: High School
OCCUPATION: Engineer
MARRIAGE: Married
SPOUSE: John Doe
CHILDREN: None
BLOOD RELATIVES: None
OTHER RELATIVES: None
DATE OF INTERVIEW: 1955
INTERVIEWER: John Doe
DATE OF REPORT: 1955
REPORTER: John Doe

DATE OF BIRTH: 1915
DATE OF DEATH: 1955
PLACE OF BIRTH: Portland, Oregon
PLACE OF DEATH: Portland, Oregon
CAUSE OF DEATH: Heart Disease
MANNER OF DEATH: Natural
RACE: White
SEX: Male
AGE: 40
EDUCATION: High School
OCCUPATION: Engineer
MARRIAGE: Married
SPOUSE: John Doe
CHILDREN: None
BLOOD RELATIVES: None
OTHER RELATIVES: None
DATE OF INTERVIEW: 1955
INTERVIEWER: John Doe
DATE OF REPORT: 1955
REPORTER: John Doe

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-815
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|--|-----------------------|--------------------------------------|---|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth (I use the name:)
Charles Edward Johnson { Edward Charles Johnson } | | | 2. Date (month) (day) (year)
Of Birth April 14 1895 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Shoshone | b. City or Town of Birth
Wallace Idaho | | |
| FATHER | 6. Full Name of Father
Emil Johnson | | | 7. State or Country of Father's Birth
Sweden | | |
| MOTHER | 8. Full Maiden Name of Mother (Maiden last name)
Anna Josephine Johnson (was also Johnson) | | | 9. State or Country of Mother's Birth
Sweden | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Edward Charles Johnson</i> | | 11. Present Address of Registrant
421 Earle Street Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
August 17th 1953 | | | 12. Signature of Notary
<i>Kathryn A. Eichwald</i> | | 13. Notary Commission expires
March 10 1954 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|---|--------------------------------------|---|--|---------------------------------------|--|
| SUPPORTING RECORD 1. | Type of Document
Honorable Discharge | | By whom issued and signed
United States Army | | Date issued
Feb. 18, 1919 | Date Orig. Entry
enlisted 1917 |
| | Date of Birth
22yrs old | Birth Place
Wallace, Idaho | Full Name of Mother | | Name of Father | |
| SUPPORTING RECORD 2. | Type of Document
Certificate of Baptism | | By whom issued and signed
Ev. Lutheran Church | | Date issued
Baptized | Date Orig. Entry
Oct. 18, 1910 |
| | Date of Birth
Apr. 14, 1895 | Birth Place
Wallace, Idaho | Full Name of Mother
Annie and | | Name of Father
Emil Johnson | |
| SUPPORTING RECORD 3. | Type of Document
Affidavit by mother | | By whom issued and signed
Annie Josephine Johnson | | Date issued
Aug. 17, 1953 | Date Orig. Entry |
| | Date of Birth
April 14, 1895 | Birth Place
Wallace, Idaho | Full Name of Mother | | Name of Father | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. W. Benson

Evidence reviewed by
Malcolm F. Fisher

Date Filed*

Aug. 25, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH

Division of Vital Statistics
Boise, Idaho

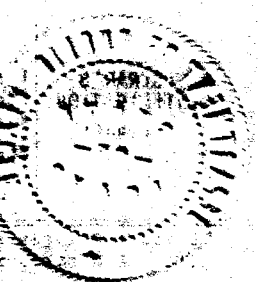
| | | |
|--|--|---|
| REGISTRATION
I, Registrar, do hereby certify that the name of the child is
Edward Charles Johnson | DATE OF BIRTH
April 11, 1933 | PLACE OF BIRTH
Idaho |
| SEX
Male | COLOR OF HAIR
White | COLOR OF EYES
Blue |
| FULL NAME OF FATHER
Earl Johnson | FULL NAME OF MOTHER
Anna Johnson | PLACE OF BIRTH OF FATHER
Sweden |
| PLACE OF BIRTH OF MOTHER
Sweden | NAME OF COUNTY OF BIRTH
Idaho | NAME OF COUNTY OF FATHER'S BIRTH
Sweden |



| | | |
|--|---|---|
| DATE OF BIRTH
August 11, 1933 | PLACE OF BIRTH
Idaho | SEX
Male |
| COLOR OF HAIR
White | COLOR OF EYES
Blue | FULL NAME OF FATHER
Earl Johnson |
| FULL NAME OF MOTHER
Anna Johnson | PLACE OF BIRTH OF FATHER
Sweden | PLACE OF BIRTH OF MOTHER
Sweden |
| NAME OF COUNTY OF BIRTH
Idaho | NAME OF COUNTY OF FATHER'S BIRTH
Sweden | NAME OF COUNTY OF MOTHER'S BIRTH
Sweden |

| | | |
|--|---|---|
| DATE OF BIRTH
March 10, 1934 | PLACE OF BIRTH
Idaho | SEX
Male |
| COLOR OF HAIR
White | COLOR OF EYES
Blue | FULL NAME OF FATHER
Earl Johnson |
| FULL NAME OF MOTHER
Anna Johnson | PLACE OF BIRTH OF FATHER
Sweden | PLACE OF BIRTH OF MOTHER
Sweden |
| NAME OF COUNTY OF BIRTH
Idaho | NAME OF COUNTY OF FATHER'S BIRTH
Sweden | NAME OF COUNTY OF MOTHER'S BIRTH
Sweden |

| | | |
|--|---|---|
| DATE OF BIRTH
April 11, 1933 | PLACE OF BIRTH
Idaho | SEX
Male |
| COLOR OF HAIR
White | COLOR OF EYES
Blue | FULL NAME OF FATHER
Earl Johnson |
| FULL NAME OF MOTHER
Anna Johnson | PLACE OF BIRTH OF FATHER
Sweden | PLACE OF BIRTH OF MOTHER
Sweden |
| NAME OF COUNTY OF BIRTH
Idaho | NAME OF COUNTY OF FATHER'S BIRTH
Sweden | NAME OF COUNTY OF MOTHER'S BIRTH
Sweden |



| | | |
|--|---|---|
| DATE OF BIRTH
Aug. 22, 1933 | PLACE OF BIRTH
Idaho | SEX
Male |
| COLOR OF HAIR
White | COLOR OF EYES
Blue | FULL NAME OF FATHER
Earl Johnson |
| FULL NAME OF MOTHER
Anna Johnson | PLACE OF BIRTH OF FATHER
Sweden | PLACE OF BIRTH OF MOTHER
Sweden |
| NAME OF COUNTY OF BIRTH
Idaho | NAME OF COUNTY OF FATHER'S BIRTH
Sweden | NAME OF COUNTY OF MOTHER'S BIRTH
Sweden |

Department of Public Health
Division of Vital Statistics
Boise, Idaho

STATE OF IDAHO

Local Reg. No. _____

Reg. Dist. No. _____

| | | | | | | |
|--|---|-----------------------|---|--|---|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>HUGH JOSEPH DARCEY</u> | | | | 2. Date (month) (day) (year)
of Birth <u>MAY 21 1895</u> | |
| | 3. Color or Race
<u>CAUC.</u> | 4. Sex
<u>MALE</u> | 5. Place of Birth
<u>WARDNER. SHOSHONE</u> | a. County | b. City or Town of Birth
<u>Wardner</u> | |
| FATHER | 6. Full Name of Father
<u>PETER JAMES DARCEY</u> | | | | 7. State or Country of Father's Birth
<u>LIETRUM IRELAND</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>BEESY WATERS</u> | | | | 9. State or Country of Mother's Birth
<u>LIETRUM IRELAND</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<u>Hugh Joseph Darcey</u> | | 11. Present Address of Registrant
<u>3122 W. 76 St. Los Angeles Calif.</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>SEPT 21 1953</u> | | | 12. Signature of Notary
<u>David Romaine</u> | | 13. Notary Commission expires
<u>May 7 1957</u> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|----------------------|---|-------------------------------|---|--------------------------------------|--|
| SUPPORTING RECORD 1. | Type of Document
Application for Insurance, and Policy No. 7866551 | | By whom issued and signed
Continental Casualty Company | Date issued
10/15/40 | Date Orig. Entry
Policy dated Oct. 15, 1940 |
| | Date of Birth
May 21, 1895 | Birth Place
Idaho | Full Name of Mother | Name of Father | |
| SUPPORTING RECORD 2. | Type of Document
Affidavit by older Sister | | By whom issued and signed
Mary E. Bleick | Date issued
Sept. 15, 1953 | Date Orig. Entry |
| | Date of Birth
May 21, 1895 | Birth Place
Wardner, Idaho | Full Name of Mother
Beesy Waters | Name of Father
Peter James Darcey | |
| SUPPORTING RECORD 3. | Type of Document
Affidavit by Cousin | | By whom issued and signed
Katherin Gibbons | Date issued
Sept. 15, 1953 | Date Orig. Entry |
| | Date of Birth
May 21, 1895 | Birth Place
Wardner, Idaho | Full Name of Mother
Beesy Waters | Name of Father
Peter James Darcey | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W.W. Benson

Evidence reviewed by

Edna Hamilton

Date Filed

Sept. 23, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO
RECEIVED

State File No. Da53 1003
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|-------------------------|-----------------------------------|--|--|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
BESSIE MILLER | | | 2. Date (month) (day) (year)
Of Birth December 25 1895 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Latah | b. City or Town of Birth
Troy | | |
| FATHER | 6. Full Name of Father
John H. Miller | | | 7. State or Country of Father's Birth
Flora, Illinois | | |
| MOTHER | 8. Full Maiden Name of Mother
Laura Ellen Graham | | | 9. State or Country of Mother's Birth
Flora, Illinois | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Bessie M. Kimburling</i> | | 11. Present Address of Registrant
1717 N.W. 6th
Camas, Washington |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Oct 31st 1953</i> | | | 12. Signature of Notary
<i>Roy H. Lobb</i> | | 13. Notary Commission expires
7-29-1956 |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|-----------------------------------|--|--|---------------------------------------|
| SUPPORTING RECORD 1- | Type of Document
Affidavit by Aunt | | By whom issued and signed
Minnie I. Sly | | Date issued
Sept. 21, 1953 |
| | Date of Birth
Dec. 25, 1895 | Birth Place
Troy, Idaho | Full Name of Mother | | Name of Father |
| SUPPORTING RECORD 2- | Type of Document
Application for Insurance | | By whom issued and signed
Mutual Benefit Health and Accident Association | | Date issued
June 10, 1940 |
| | Date of Birth
Dec. 25, 1895 | Birth Place
Idaho | Full Name of Mother | | Name of Father |
| SUPPORTING RECORD 3- | Type of Document
Affidavit by Brother | | By whom issued and signed
Sylvian Henry Miller | | Date issued
August 31, 1953 |
| | Date of Birth
Dec. 25, 1895 | Birth Place
Troy Idaho | Full Name of Mother | | Name of Father |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | | | | | |
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | Evidence reviewed by
Edna Hamilton | | Date Filed
Nov. 2, 1953 |
| State Registrar
W. W. Benson | | | | | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.



DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. Da53 1109
 Local Reg. No. _____
 Reg. Dist. No. _____

SEP 8 - 1953

| | | | | | | |
|--|---|-------------------------|---|-------------------------|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>Eva Mae Bay</u> | | | | 2. Date (month) (day) (year)
of Birth <u>Feb</u> <u>10</u> <u>1895</u> | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Female</u> | 5. Place of Birth
<u>Boise Idaho</u> | a. County
<u>Ada</u> | b. City or Town of Birth
<u>Boise Idaho</u> | |
| FATHER | 6. Full Name of Father
<u>James Franklen Bay</u> | | | | 7. State or Country of Father's Birth
<u>Nebraska</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Hannah Jane Buffington</u> | | | | 9. State or Country of Mother's Birth
<u>Iowa</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Eva Mae Douglas</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>August 15 - 1953</u> | | | | 11. Present Address of Registrant
<u>Burns One</u> | |
| | 12. Signature of Notary
<u>C B McConnell</u> | | | | 13. Notary Commission expires
<u>Feb 14</u> <u>1956</u> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|----------------------------------|--|---|-------------------------------------|--|
| SUPPORTING RECORD 1- | Type of Document
<u>Affidavit by brother</u> | By whom issued and signed
<u>William D. Bay</u> | Date issued
<u>Aug. 28, 1953</u> | Date Orig. Entry |
| | Date of Birth
<u>Feb. 10, 1895</u> | Birth Place
<u>Boise, Idaho</u> | Full Name of Mother | Name of Father |
| SUPPORTING RECORD 2- | Type of Document
<u>Affidavit by cousin</u> | By whom issued and signed
<u>Nellie G. Bay West</u> | Date issued
<u>Oct. 14,</u> | Date Orig. Entry
<u>1953</u> |
| | Date of Birth
<u>Feb. 10, 1895</u> | Birth Place
<u>Boise, Idaho</u> | Full Name of Mother | Name of Father |
| SUPPORTING RECORD 3- | Type of Document
<u>Bible record of Birth</u> | By whom issued and signed
<u>Certification of true copy by C.B. McConnell, Notary Public</u> | Date issued | Date Orig. Entry
<u>Feb. 10, 1895</u> |
| | Date of Birth
<u>Feb. 10, 1895</u> | Birth Place | Full Name of Mother | Name of Father |
| QUALIFYING INFORMATION | | | | |
| REGISTRAR'S CERTIFICATION (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar
<u>W. W. Benson</u> | Evidence reviewed by
<u>Edna Hamilton</u> | Date Filed
<u>Dec. 10, 1953</u> | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

DELETED COPY STATE OF OHIO

STATE OF OHIO

Local Reg. No.

Reg. Dist. No.

(year)

State of Ohio

State of Ohio

State of Ohio

State of Ohio

State of Ohio

1911

Date issued

Name of holder

Name of holder

Name of holder

Date issued

Date issued

Date issued

Date issued

Date issued

Date issued

Date issued

Date issued

Date issued

Date issued

Date issued

Date issued

Date issued

Date issued

Date issued

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-1116
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | | |
|--|---|-----------------------|---------------------------------|-----------|--|---|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>Charlie Lewis Stillwell</u> | | | | | 2. Date (month) (day) (year)
Birth <u>June 27 1895</u> | | |
| | 3. Color or Race
<u>white</u> | 4. Sex
<u>male</u> | 5. Place of Birth
<u>Ada</u> | a. County | | b. City or Town of Birth
<u>Boise</u> | | |
| FATHER | 6. Full Name of Father
<u>Sam W. Stillwell</u> | | | | | 7. State or Country of Father's Birth
<u>United States</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>May Glenn</u> | | | | | 9. State or Country of Mother's Birth
<u>United States</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
<u>Charlie L. Stillwell</u> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>Dec 15 1953</u> | | | | | 11. Present Address of Registrant
<u>Meridian Ida. #1</u> | | |
| | 12. Signature of Notary
<u>Mary Hedger</u> | | | | | 13. Notary Commission expires
<u>May 7 1957</u> | | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|--|---|---|-------------------------------------|--|
| SUPPORTING RECORD 1-

Class* <u>B</u> | Type of Document
<u>Honorable Discharge,
U. S. Army</u> | | By whom issued and signed
<u>Major H. C. Smith</u> | Date issued
<u>June 13, 1919</u> | Date Orig. Entry
<u>June 13, 1919</u> |
| | Date of Birth
<u>23 years of age when enlisted</u> | Birth Place
<u>(June 24, 1918)</u> | Full Name of Mother | Name of Father | |
| SUPPORTING RECORD 2-

Class <u>B</u> | Type of Document
<u>Life Insurance Policy</u> | | By whom issued and signed
<u>Occidental Life Ins. Co.
Ancil D. Carley, Agent</u> | Date issued
<u>July 6, 1936</u> | Date Orig. Entry
<u>July 6, 1936</u> |
| | Date of Birth
<u>June 27, 1895</u> | Birth Place
<u>Boise, Idaho</u> | Full Name of Mother | Name of Father | |
| SUPPORTING RECORD 3-

Class <u>B</u> | Type of Document
<u>(daughter)
Certificate of Birth</u> | | By whom issued and signed
<u>H. M. Holverson, M.D.</u> | Date issued
<u>May 7, 1926</u> | Date Orig. Entry
<u>May 7, 1926</u> |
| | Date of Birth
<u>30 years</u> | Birth Place
<u>of age at time of birth</u> | Full Name of Mother | Name of Father | |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<u>W. W. Benson</u> | | Evidence reviewed by
<u>Opal Peterson</u> | Date Filed
<u>Dec. 15, 1953</u> | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01-10-2001 BY 60322 UCBAW

[illegible]

| | | | |
|--|--|--|--|
| 1. Name of the person or persons who furnished the information:
[Illegible] | | 2. Name of the person or persons to whom the information was furnished:
[Illegible] | |
| 3. Date of the information:
[Illegible] | | 4. Place of the information:
[Illegible] | |
| 5. Nature of the information:
[Illegible] | | 6. Name of the person or persons who received the information:
[Illegible] | |
| 7. Name of the person or persons who furnished the information:
[Illegible] | | 8. Name of the person or persons to whom the information was furnished:
[Illegible] | |

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-1125
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | |
|---|---|-------------------------|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's full name at birth
<u>Helen Margreta Francis Anchor</u> | | 2. Date (month) (day) (year)
Of Birth <u>Feb. 24</u> ² <u>1895</u> | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Female</u> | 5. Place of Birth
<u>De Lamar, Idaho</u> | 6. a. County
<u>Hasle</u> - Idaho
b. City or Town of Birth
<u>Hasle</u> - Idaho |
| FATHER | 6. Full Name of Father
<u>Hans. Claudius Anchor</u> | | 7. State or Country of Father's Birth
<u>Hasle, Bornholm, Denmark</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Sarah Jane Connor</u> | | 9. State or Country of Mother's Birth
<u>Springwater, N. Y.</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant
<u>Helen M. Laughlin</u> | 11. Present Address of Registrant
<u>1450 - Mill St. Reno, Nev.</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>Dec 16</u> ¹⁹ <u>53</u> | | 12. Signature of Notary
<u>Philip H. Hogan</u> | 13. Notary Commission expires
<u>Sept 7</u> ¹⁹ <u>55</u> |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-----------------------------|---|--------------------------------------|---|---|------------------|
| SUPPORTING RECORD 1. | Type of Document
<u>Family Record</u> | | By whom issued and signed
<u>Family Record on back of parents marriage license</u> | Date issued
<u>Feb. 24, 1895</u> | Date Orig. Entry |
| | Date of Birth
<u>Feb. 24, 1895</u> | Birth Place
<u>DeLamar, Idaho</u> | Full Name of Mother
<u>Sarah Jane Connor</u> | Name of Father
<u>Hans Claudius Anchor</u> | |
| SUPPORTING RECORD 2. | Type of Document
<u>Affidavit by brother</u> | | By whom issued and signed
<u>John Joseph Anchor</u> | Date issued
<u>Dec. 15, 1953</u> | Date Orig. Entry |
| | Date of Birth
<u>Feb. 24, 1895</u> | Birth Place
<u>DeLamar, Idaho</u> | Full Name of Mother
<u>Sarah Jane Connor</u> | Name of Father
<u>Hans Claudius Anchor</u> | |
| SUPPORTING RECORD 3. | Type of Document | | By whom issued and signed | Date issued | Date Orig. Entry |
| | Date of Birth | Birth Place | Full Name of Mother | Name of Father | |

QUALIFYING INFORMATION

| | | | |
|--|--|--|------------------------------------|
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<u>W. W. Benson</u> | Evidence reviewed by
<u>Philip H. Hogan</u> | Date Filed
<u>Dec. 21, 1953</u> |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-167
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|-----------------------|-----------------------------------|---|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>Robert J. Jacot</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>March</u> <u>7</u> , <u>1895</u> | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>male</u> | 5. Place of Birth
<u>Idaho</u> | a. County
<u>Benewah</u> | b. City or Town of Birth
<u>St. Joe</u> | |
| FATHER | 6. Full Name of Father
<u>Paul A. Jacot</u> | | | | 7. State or Country of Father's Birth
<u>Switzerland</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Elise Sandoz</u> | | | | 9. State or Country of Mother's Birth
<u>Switzerland</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Robert J. Jacot</i> | | 11. Present Address of Registrant |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>March 6, 1954</u> 19____ | | | 12. Signature of Notary
<i>Mabel Fielden</i> | | 13. Notary Commission expires
<u>May 7, 1957</u> 19____ |

APPLICANT—DO NOT WRITE BELOW THIS LINE

| | | | | | |
|--|---|--------------------------------------|---|-------------------------------------|------------------|
| SUPPORTING RECORD 1.

Class <u>B</u> | Type of Document
<u>Insurance Policy</u> | | By whom issued and signed
<u>Banker's Life Company</u> | Date issued
<u>Oct. 13, 1927</u> | Date Orig. Entry |
| | Date of Birth
<u>March 7, 1895</u> | Birth Place
<u>St. Joe, Idaho</u> | Full Name of Mother | Name of Father | |
| SUPPORTING RECORD 2.

Class <u>B</u> | Type of Document
<u>Marriage Record</u> | | By whom issued and signed
<u>R. W. Whiteside, County Clerk, Benewah County</u> | Date issued
<u>May 24, 1926</u> | Date Orig. Entry |
| | Date of Birth
<u>31 yrs old</u> | Birth Place | Full Name of Mother | Name of Father | |
| SUPPORTING RECORD 3.

Class <u>B</u> | Type of Document
<u>Voting Record</u> | | By whom issued and signed
<u>R. W. Whiteside, County Auditor, Benewah Co.</u> | Date issued
<u>year 1930</u> | Date Orig. Entry |
| | Date of Birth
<u>March 7, 1895</u> | Birth Place | Full Name of Mother | Name of Father | |

QUALIFYING INFORMATION

| | | | |
|-------------------------------------|--|--|------------------------------|
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<u>W. W. Benson</u> | Evidence reviewed by
<i>Mabel Fielden</i> | Date Filed*
<u>3-6-54</u> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-215
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | |
|--|---|--------------------|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
GLADYS WRIGHT SMITH | | | 2. Date (month) (day) (year)
Of Birth November 3, 1895 | |
| | 3. Color or Race
White | 4. Sex
F | 5. Place of Birth a. County
Idaho Franklin | b. City or Town of Birth
Preston | |
| FATHER | 6. Full Name of Father
Orson Smith | | | 7. State or Country of Father's Birth
Keokuk, Iowa | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Ellen Wright Smith | | | 9. State or Country of Mother's Birth
Avon, Utah. | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Gladys B. Laine</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on <u>February 8</u> 19 <u>54</u> | | | 11. Present Address of Registrant
Boise, Idaho | |
| | 12. Signature of Notary
<i>Lucille N. Hillmschen</i> | | | 13. Notary Commission expires
<u>1-29</u> 19 <u>56</u> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|------------------------|---|---|--|--------------------------------------|--------------------------------------|
| SUPPORTING
RECORD 1 | Type of Document
Baptismal Record | | By whom issued and signed
L.D.S. Church | Date issued
3/4/1954 | Date Orig. Entry
11/3/1903 |
| | Date of Birth
11/3/1895 | Birth Place
Preston, Idaho | Full Name of Mother
Mary Ellen Wright | Name of Father
Orson Smith | |
| SUPPORTING
RECORD 2 | Type of Document
Marriage License | | By whom issued and signed
A. M. Mathews, County Clerk
Cache County, Utah | Date issued
6/14/1920 | Date Orig. Entry
6/14/1920 |
| | Date of Birth
11/3/1895 | Birth Place
Preston, Idaho | Full Name of Mother
Mary E. Wright | Name of Father
Orson Smith | |
| SUPPORTING
RECORD 3 | Type of Document #187765
Certificate of Birth, son | | By whom issued and signed
E. N. Roberts, M.D. | Date issued
1/20/1931 | Date Orig. Entry
1/20/1931 |
| | Date of Birth
35 years | Birth Place
of age at time of | Full Name of Mother
this birth | Name of Father | |

QUALIFYING
INFORMATION

| | | | |
|--|--|--|-------------------------------------|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
Opal Peterson | Date Filed
March 23, 1954 |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Division of Vital Statistics

| | | | | | |
|--|---|-----------------------|---|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Fredrick David Smith | | | 2. Date (month) (day) (year)
Of Birth February 28, 1895 | |
| | 3. Color or Race
White | 4. Sex
male | 5. Place of Birth
Latah Co., Idaho (Genessee) | a. County b. City or Town of Birth
Genessee | |
| FATHER | 6. Full Name of Father
Fred Smith | | | 7. State of Country of Father's Birth
United States | |
| MOTHER | 8. Full Maiden Name of Mother
Katherine Mulalley | | | 9. State or Country of Mother's Birth
Australia
at sea (en route from | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Fredrick David Smith</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
December 19 1953 | | | 11. Present Address of Registrant
810 9th St. Porterville Calif
12. Signature of Notary
<i>William A. Hamilton</i>
13. Notary Commission expires
June 24, 1955 | |

| | | | | | |
|--|--|---------------------------------------|---|--|-------------------------------------|
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
| SUPPORTING
RECORD 1. | Type of Document
Application for Insurance | | By whom issued and signed
The Mutual Life Insurance Co. | | Date issued
July 11, 1925 |
| | Date of Birth
Feb. 28, 1895 | Birth Place
Genessee, Idaho | Full Name of Mother | | Name of Father |
| SUPPORTING
RECORD 2. | Type of Document
Affidavit by | | By whom issued and signed
Mary E. McLaughlin | | Date issued
July 28, 1950 |
| | Date of Birth
Feb. 28, 1895 | Birth Place
Latah County | Full Name of Mother | | Name of Father |
| SUPPORTING
RECORD 3. | Type of Document
Application for | | By whom issued and signed
Social Security #566-07-96 | | Date issued
Mch 8, 1937 |
| | Date of Birth
Feb. 28, 1895 | Birth Place
Genessee, Idaho | Full Name of Mother
Katherine Mulalley | | Name of Father
Fred Smith |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION (seal) | | | | | |
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | Evidence reviewed by
<i>W. W. Benson</i> | | |
| State Registrar
W. W. Benson | | | Date Filed
Apr. 29, 1954 | | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

1952年11月1日 星期一

1-20-68 10 00

SECRET - NO DISSEM

00519 474-8 13718 70 0302

SECRET

THE JOURNAL OF THE

[illegible]

STATE OF NEW YORK

1-10-68

[illegible]

SECRET

5150 20th St. NW

EX-100-100
NO 174-1000

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

100-441987-100

1. The first part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. It is a very long letter, and it contains a great deal of information about the state of the country at that time. It is a very important document, and it is one of the most interesting documents in the collection.

DECEASED CERTIFICATE OF BIRTH
 MAY 20 1954
 STATE OF IDAHO

State File No. De54-407
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | | | |
|--|---|-----------------------|---|--|--|--|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<i>Halford Mackey</i> | | | | 2. Date (month) (day) (year)
Birth <i>Jan</i> <i>24</i> <i>1895</i> | | | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>male</i> | 5. Place of Birth a. County
<i>Midvale Id.</i> | | b. City or Town of Birth | | | |
| FATHER | 6. Full Name of Father
<i>William J. Mackey</i> | | | | 7. State or Country of Father's Birth
<i>Missouri</i> | | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Ada Hopper</i> | | | | 9. State or Country of Mother's Birth
<i>Missouri</i> | | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Halford A. Mackey</i> | | 11. Present Address of Registrant
<i>Riverside Calif.</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>May 14, 1954</i> | | | | 12. Signature of Notary
<i>Joan L. White</i> | | 13. Notary Public in and for the State of California
My Commission Expires <i>Sept 27, 1957</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|---|--------------------------------------|---|--|--|------------------|
| SUPPORTING RECORD 1.

Class <u>B</u> | Type of Document
<i>Honorable Discharge</i> | | By whom issued and signed
<i>Army of the United States</i> | | Date issued
<i>Apr. 19, 1919</i> | Date Orig. Entry |
| | Date of Birth
<i>23 yrs old</i> | Birth Place
<i>Midvale, Idaho</i> | Full Name of Mother | | Name of Father | |
| SUPPORTING RECORD 2.

Class <u>B</u> | Type of Document
<i>Census Record</i> | | By whom issued and signed
<i>Department of Commerce
Bureau of the Census</i> | | Date issued
<i>June 1900</i> | Date Orig. Entry |
| | Date of Birth
<i>5 yrs old</i> | Birth Place
<i>Idaho</i> | Full Name of Mother
<i>Ada Mackey</i> | | Name of Father
<i>William J. Mackey</i> | |
| SUPPORTING RECORD 3.

Class <u>B</u> | Type of Document
<i>Application for Membership</i> | | By whom issued and signed
<i>Woodmen of the World</i> | | Date issued
<i>Feb. 1929</i> | Date Orig. Entry |
| | Date of Birth
<i>Jan. 24, 1895</i> | Birth Place
<i>Idaho</i> | Full Name of Mother
<i>Ada Mackey</i> | | Name of Father | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
 (seal)

| | | |
|--|---|-----------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
<i>W. W. Benson</i> | Date Filed
<i>May 20, 1954</i> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

DETACHED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | | | |
|---|--|-----------------------------|--|----------------------------|--|---------------------------------------|--|--|--|
| 1. Name of Person whose Birth is Being Registered | | 2. Date of Birth | | 3. Place of Birth | | 4. Name of Father | | 5. Name of Mother | |
| [Handwritten: [Name]] | | [Handwritten: [Date]] | | [Handwritten: [Place]] | | [Handwritten: [Name]] | | [Handwritten: [Name]] | |
| 6. Sex | | 7. Color of Hair | | 8. Color of Eyes | | 9. State or Country of Father's Birth | | 10. State or Country of Mother's Birth | |
| [Handwritten: [Sex]] | | [Handwritten: [Color]] | | [Handwritten: [Color]] | | [Handwritten: [State]] | | [Handwritten: [State]] | |
| 11. Present Address of Registrant | | 12. Signature of Registrant | | 13. Signature of Notary | | 14. Signature of Father | | 15. Signature of Mother | |
| [Handwritten: [Address]] | | [Handwritten: [Signature]] | | [Handwritten: [Signature]] | | [Handwritten: [Signature]] | | [Handwritten: [Signature]] | |

| | | | | | | | |
|-----------------------|--|-----------------------|--|-----------------------|--|-----------------------|--|
| 16. Date Issued | | 17. Date of Birth | | 18. Name of Father | | 19. Name of Mother | |
| [Handwritten: [Date]] | | [Handwritten: [Date]] | | [Handwritten: [Name]] | | [Handwritten: [Name]] | |
| 20. Date Issued | | 21. Date of Birth | | 22. Name of Father | | 23. Name of Mother | |
| [Handwritten: [Date]] | | [Handwritten: [Date]] | | [Handwritten: [Name]] | | [Handwritten: [Name]] | |

| | | | | | | | |
|-----------------------|--|-----------------------|--|-----------------------|--|-----------------------|--|
| 24. Date Issued | | 25. Date of Birth | | 26. Name of Father | | 27. Name of Mother | |
| [Handwritten: [Date]] | | [Handwritten: [Date]] | | [Handwritten: [Name]] | | [Handwritten: [Name]] | |

28. Date of Birth [Handwritten: [Date]]

29. Name of Father [Handwritten: [Name]]

30. Name of Mother [Handwritten: [Name]]

31. Date Issued [Handwritten: [Date]]

32. Date of Birth [Handwritten: [Date]]

33. Name of Father [Handwritten: [Name]]

34. Name of Mother [Handwritten: [Name]]

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De54-421
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | | |
|--|---|-----------------------|--|--|--|--|-----------------------------------|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Charles Claude Patterson</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>Nov.</u> <u>11</u> <u>1895</u> | | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Male</u> | 5. Place of Birth
<u>Idaho</u> | | b. City or Town of Birth
<u>Boise</u> | | |
| FATHER | 6. Full Name of Father
<u>Charles Patterson</u> | | | | 7. State or Country of Father's Birth
<u>Illinois</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Mary Butler</u> | | | | 9. State or Country of Mother's Birth
<u>Missouri</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Charles C. Patterson</u> | | 11. Present Address of Registrant |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>May 24</u> <u>1954</u> | | 12. Signature of Notary
<u>Mary E. Peterson</u> | | 13. Notary Commission expires
<u>May 1</u> <u>1957</u> | | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | | |
|---|---|-----------------------------|---|--|--|---------------------------------------|--|
| SUPPORTING
RECORD 1. | Type of Document
<u>Bible Record</u> | | By whom issued and signed
<u>Parents</u> | | Date issued | Date Orig. Entry
<u>11/11/1895</u> | |
| | Date of Birth
<u>11/11/1895</u> | Birth Place | Full Name of Mother
<u>Mary Etta Patterson</u> | | Name of Father
<u>Charles Patterson</u> | | |
| SUPPORTING
RECORD 2. | Type of Document
<u>Life Insurance Policy</u> | | By whom issued and signed
<u>Prudential Insurance Co. of America</u> | | Date issued
<u>9/2/1935</u> | Date Orig. Entry
<u>9/2/1935</u> | |
| | Date of Birth
<u>11/11/1895</u> | Birth Place
<u>Idaho</u> | Full Name of Mother | | Name of Father | | |
| SUPPORTING
RECORD 3. | Type of Document
<u>Boise Public Schools School Record</u> | | By whom issued and signed
<u>D. C. DeBeaumont, Asst. Supt.</u> | | Date issued
<u>6/4/1952</u> | Date Orig. Entry
<u>1903-04</u> | |
| | Date of Birth
<u>8 years of age - 2nd grade,</u> | Birth Place | Full Name of Mother
<u>1903-04</u> | | Name of Father | | |

| | | | |
|--|--|--|-----------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<u>W. W. Benson</u> | Evidence reviewed by
<u>Opal Peterson</u> | Date Filed
<u>May 24, 1954</u> |

* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAIDED CERTIFICATE OF BIRTH

STATE OF IOWA

NOV 5 8 AM

DATE OF BIRTH
1892

CITY OF IOWA
Iowa

NAME OF FATHER
John M. Conant

NAME OF MOTHER
Mary M. Conant

DATE OF BIRTH
1892

NAME OF FATHER
John M. Conant

NAME OF MOTHER
Mary M. Conant

DATE OF BIRTH
1892

NAME OF FATHER
John M. Conant

DATE OF BIRTH
1892

CITY OF IOWA
Iowa

NAME OF FATHER
John M. Conant

NAME OF MOTHER
Mary M. Conant

DATE OF BIRTH
1892

NAME OF FATHER
John M. Conant

NAME OF MOTHER
Mary M. Conant

DATE OF BIRTH
1892

NAME OF FATHER
John M. Conant

DATE OF BIRTH
1892

CITY OF IOWA
Iowa

NAME OF FATHER
John M. Conant

NAME OF MOTHER
Mary M. Conant

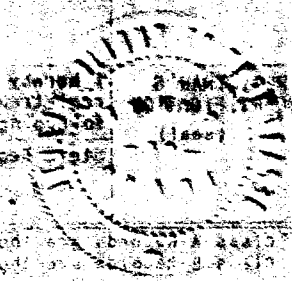
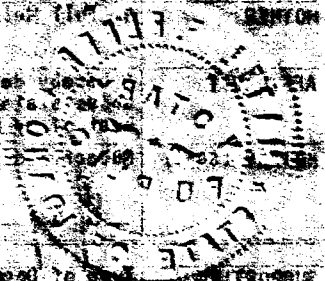
DATE OF BIRTH
1892

NAME OF FATHER
John M. Conant

NAME OF MOTHER
Mary M. Conant

DATE OF BIRTH
1892

NAME OF FATHER
John M. Conant



| | | | | | | |
|---|---|-------------------------|-----------------------------------|----------------------------|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Katherine Harrison | | | | 2. Date of Birth
December 28 1895 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Idaho | a. County
Oneida | b. City or Town of Birth
Malad City | |
| FATHER | 6. Full Name of Father
Frank Harrison | | | | 7. State or Country of Father's Birth
Evanston, Wyoming | |
| MOTHER | 8. Full Maiden Name of Mother
Rachel Vanderwood | | | | 9. State or Country of Mother's Birth
Logan, Utah | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Katherine Harrison Moore</i>
Katherine Moore | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>May 27</i> 19 <i>54</i> | | | | 11. Present Address of Registrant
<i>205 W. Buell</i> Idaho | |
| | | | | | 12. Signature of Notary
<i>Alvin Stark</i> | |
| | | | | | 13. Notary Commission expires
<i>1-15</i> 19 <i>58</i> | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|------------------------------------|---|--|---|
| SUPPORTING RECORD 1. | Type of Document
Bible Record | | By whom issued and signed
Family Bible viewed by Katherine Harrison Moore | | Date issued
Dec. 28, 1895 |
| | Date of Birth
Dec. 28, 1895 | Birth Place
Malad, Idaho | Full Name of Mother
affidavit | | Date Orig. Entry
Name of Father |
| SUPPORTING RECORD 2. | Type of Document
Affidavit by mother | | By whom issued and signed
Rachel Harrison | | Date issued
May 27, 1954 |
| | Date of Birth
Dec. 28, 1895 | Birth Place
Malad, Idaho | Full Name of Mother
Rachel Harrison | | Date Orig. Entry
Name of Father |
| SUPPORTING RECORD 3. | Type of Document | | By whom issued and signed | | Date issued |
| | Date of Birth | Birth Place | Full Name of Mother | | Date Orig. Entry |

| | | | |
|--|--|--|-----------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
<i>Alvin Stark</i> | Date Filed
May 28, 1954 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

RECEIVED STATE OF IDAHO

1. Registrar's Office

1. Registrar's Office

1. Registrar's Office

1. Registrar's Office

1. Registrar's Office

1. Registrar's Office

1. Registrar's Office

1. Registrar's Office

1. Registrar's Office

1. Registrar's Office

1. Registrar's Office

1. Registrar's Office

1. Registrar's Office

1. Registrar's Office

1. Registrar's Office

1. Registrar's Office

1. Registrar's Office

1. Registrar's Office

1. Registrar's Office

1. Registrar's Office

1. Registrar's Office

1. Registrar's Office

1. Registrar's Office

1. Registrar's Office

1. Registrar's Office

1. Registrar's Office

1. Registrar's Office

1. Registrar's Office

1. Registrar's Office

255-202-008-857

RECEIVED DECEASED CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics
Boise, Idaho

JUN 5- '54

STATE OF IDAHO

State File No. De 54-465
Local Reg. No. _____
Reg. Dist. No. _____

Division of Vital Statistics

| | | | | | | | |
|--|---|-------------------------|--------------------------------------|---------------------------|--|--|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>Alta Virginia Beers</u> | | | | 2. Date of Birth (month) (day) (year)
<u>August 2 1895</u> | | |
| | 3. Color or Race
<u>white</u> | 4. Sex
<u>female</u> | 5. Place of Birth
<u>Crawford</u> | a. County
<u>Boise</u> | b. City or Town of Birth
<u>Crawford Idaho</u> | | |
| FATHER | 6. Full Name of Father
<u>James T. Beers</u> | | | | 7. State or Country of Father's Birth
<u>Near London, England</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Annie Clarinda Heath</u> | | | | 9. State or Country of Mother's Birth
<u>Salt Lake City, Utah</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Alta V. (Beers) Russell</u> | | 11. Present Address of Registrant
<u>Boardman, Oregon</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>June 3rd 1954</u> | | | | 12. Signature of Notary
<u>Robert Harwood</u> | | 13. Notary Commission expires
<u>My Commission Expires Oct. 20, 1955</u> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|----------------------|--|---------------------------------------|---|-------------------------------------|------------------|
| SUPPORTING RECORD 1. | Type of Document
<u>Child's birth certificate</u> | | By whom issued and signed
<u>State of Nebraska</u> | Date issued
<u>Nov. 30, 1917</u> | Date Orig. Entry |
| | Date of Birth
<u>22 yrs old</u> | Birth Place
<u>Crawford, Idaho</u> | Full Name of Mother | Name of Father | |
| Class* <u>B</u> | | | | | |
| SUPPORTING RECORD 2. | Type of Document
<u>Marriage Record</u> | | By whom issued and signed
<u>State of Idaho</u> | Date issued
<u>Nov. 4, 1914</u> | Date Orig. Entry |
| | Date of Birth
<u>19 yrs old</u> | Birth Place
<u>Crawford, Idaho</u> | Full Name of Mother | Name of Father | |
| Class <u>B</u> | | | | | |
| SUPPORTING RECORD 3. | Type of Document
<u>Affidavit by brother</u> | | By whom issued and signed
<u>Monte P. Beers</u> | Date issued
<u>Mch 15, 1954</u> | Date Orig. Entry |
| | Date of Birth
<u>Aug. 2, 1895</u> | Birth Place
<u>Crawford, Idaho</u> | Full Name of Mother | Name of Father | |
| Class <u>B</u> | | | | | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. W. Benson

Evidence reviewed by

Mabel E. Reed

Date Filed

June 7, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DECLARED CERTIFICATE OF BIRTH

STATE OF TEXAS

State File No. _____
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | |
|--|---|---|---|-----------------------------------|
| 1. Date of Birth
Nov 11 1921 | 2. Place of Birth
City of Dallas, Texas | 3. Name of Mother
John P. Heers | 4. Name of Father
John P. Heers | 5. State of Birth
Texas |
| 6. Signature of Mother
 | | | | |
| 7. Signature of Father
 | | | | |
| 8. Signature of Registrar
 | | | | |



| | | | | |
|--------------------------------------|---|--|--|------------------------------------|
| 9. Date Issued
Nov 11 1921 | 10. Date of Birth
Nov 11 1921 | 11. Name of Mother
John P. Heers | 12. Name of Father
John P. Heers | 13. State of Birth
Texas |
| 14. Signature of Registrar
 | | | | |

| | | | | |
|---------------------------------------|---|--|--|------------------------------------|
| 15. Date Issued
Nov 11 1921 | 16. Date of Birth
Nov 11 1921 | 17. Name of Mother
John P. Heers | 18. Name of Father
John P. Heers | 19. State of Birth
Texas |
| 20. Signature of Registrar
 | | | | |

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in this foregoing abstract.

State Registrar
 W. H. HARRISON

RECEIVED
STATE OF IDAHO
JUN 28 1954State File No. De54-542
Local Reg. No. _____
Reg. Dist. No. _____

| | | |
|---|---|---|
| REGISTRANT
(Person whose
Birth is being
registered): | 1. Registrant's Full Name at Birth
Division of Vital Statistics
Lester George Fulford | 2. Date
Of Birth
May 2nd 1895 |
| FATHER | 3. Color or Race
White | 4. Sex
Male |
| MOTHER | 5. Place of Birth
Twin Falls | a. County
b. City or Town of Birth
Twin Falls |
| AFFIDAVIT | 6. Full Name of Father
Fred Fulford | 7. State or Country of Father's Birth
California |
| NOTARY (Seal) | 8. Full Maiden Name of Mother
Ida May Stinson | 9. State or Country of Mother's Birth
California |
| | 10. Signature of Registrant
<i>Lester George Fulford</i> | 11. Present Address of Registrant
RFD#3, Box 625, Enumclaw, WA |
| | 12. Signature of Notary
<i>Robert S. England</i> | 13. Notary Commission expires
5th May 1956 |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | |
|--|---|---|--|
| SUPPORTING
RECORD 1. | Type of Document | By whom issued and signed | Date issued |
| Class <u>B</u> | Employment Record
Date of Birth <u>May 2, 1895</u> Birth Place <u>Twin Falls, Idaho</u> | Weyerhaeuser Timber Co.
Full Name of Mother <u>Ida May Stinson</u> | 1931-1935
Name of Father <u>Fred Fulford</u> |
| SUPPORTING
RECORD 2. | Honorable Discharge
Date of Birth <u>22 yrs old</u> Birth Place <u>Twin Falls, Idaho</u> | United States Army
Full Name of Mother <u>Ida May Stinson</u> | Date issued <u>Apr. 29, 1919</u> Date Orig. Entry <u>enlisted 1917</u>
Name of Father <u>Fred Fulford</u> |
| SUPPORTING
RECORD 3. | Affidavit by
Date of Birth <u>May 2, 1895</u> Birth Place <u>Twin Falls, Idaho</u> | Etta Teague
Full Name of Mother <u>Ida May Stinson</u> | Date issued <u>Apr. 10, 1954</u> Date Orig. Entry <u>Fred Fulford</u>
Name of Father <u>Fred Fulford</u> |

| | | | |
|--|--|--|-----------------------------|
| QUALIFYING
INFORMATION | Affidavit by Ruby A. Hayes, sister of Alvin Kramer, gives the date of birth as May 2, 1895, also states Lester George Fulford assumed the name of Lester Fulford Kramer after the marriage of his mother, when he was five years old, to Alvin Kramer. | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
<i>Marked by</i> | Date Filed
June 29, 1954 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

RECEIVED
 JUL 2 - 1954

STATE OF IDAHO
 DIVISION OF VITAL STATISTICS

State File No. De54 565
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | |
|--|---|-------------------------|--|------------------------------------|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>Ruby Elizabeth Anderson</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>Oct 1 1895</u> | |
| | 3. Color or Race
<u>white</u> | 4. Sex
<u>female</u> | 5. Place of Birth
<u>Idaho Falls, Ida</u> | a. County (then)
<u>Bingham</u> | b. City or Town of Birth
<u>Idaho Falls, Ida</u> | |
| FATHER | 6. Full Name of Father
<u>Ludwig Anderson</u> | | | | 7. State or Country of Father's Birth
<u>Sweden</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Anna Regina Elg</u> | | | | 9. State or Country of Mother's Birth
<u>Sweden</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Ruby Elizabeth Anderson</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>June 30 1954</u> | | | | 11. Present Address of Registrant
<u>Route 1 Shelley, Ida</u> | |
| | 12. Signature of Notary
<u>L. W. Benson</u> | | | | 13. Notary Commission expires
<u>June 16 1955</u> | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|---|--|--|---|
| SUPPORTING RECORD 1-

Class <u>A</u> | Type of Document
<u>Baptismal record</u> | | By whom issued and signed
<u>Rev. Augustus Steele</u> | | Date issued
<u>Nov. 28, 1895</u> |
| | Date of Birth
<u>Oct. 1, 1895</u> | Birth Place
<u>Idaho Falls, Ida.</u> | Full Name of Mother
<u>Anna Regina Anderson</u> | | Name of Father
<u>Ludwig Anderson</u> |
| SUPPORTING RECORD 2-

Class <u>A</u> | Type of Document
<u>Census Record of 1900</u> | | By whom issued and signed
<u>Bureau of the Census</u> | | Date issued
<u>4-27-54</u> |
| | Date of Birth
<u>Oct. 1895</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>Anna Anderson</u> | | Name of Father
<u>Ludwig, Anderson</u> |
| SUPPORTING RECORD 3-

Class _____ | Type of Document
<u>4 yrs old</u> | | By whom issued and signed | | Date issued |
| | Date of Birth | Birth Place | Full Name of Mother | | Date Orig. Entry |

| | | | |
|-------------------------------------|--|--|-----------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<u>W. W. Benson</u> | Evidence reviewed by
<u>Edna Hamilton</u> | Date Filed
<u>July 2, 1954</u> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

CERTIFICATE OF BIRTH

[Handwritten signatures and stamps at the top of the page, including a circular seal on the right side.]

| | | | |
|------------------------------|--------------------------------------|--------------------------------------|-------------------------------------|
| Date Issued
July 28, 1954 | Name of Father
[Handwritten Name] | Name of Mother
[Handwritten Name] | Date of Birth
[Handwritten Date] |
| Date Issued
July 28, 1954 | Name of Father
[Handwritten Name] | Name of Mother
[Handwritten Name] | Date of Birth
[Handwritten Date] |

[Handwritten notes and signatures at the bottom of the page, including a date stamp 'JULY 5, 1954' and a signature 'W. W. Benson'.]

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-594
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | | |
|--|---|-------------------------|---|--|---------------------------|--|--|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>Vera Laura Hansen</u> | | | | | 2. Date (month) (day) (year)
Of Birth <u>March</u> <u>4</u> <u>1895</u> | | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Female</u> | 5. Place of Birth
<u>Idaho - Fremont</u> | | a. County
<u>Salem</u> | | | |
| FATHER | 6. Full Name of Father
<u>Rasmus Peder Hansen</u> | | | | | 7. State or Country of Father's Birth
<u>Denmark - Presto - Sorø C.</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Laura Cathrine Christensen</u> | | | | | 9. State or Country of Mother's Birth
<u>Denmark - Horsens - Veile C.</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
<u>Vera Laura Hansen (Harris)</u> | | 11. Present Address of Registrant
<u>337 Magnolia St. - Utah</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>July 1</u> 19 <u>54</u> | | | | | 12. Signature of Notary
<u>Edith C. Green</u> | | 13. Notary Commission expires
<u>Sept 18</u> 19 <u>56</u> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|--|------------------------------------|--|--|--|--------------------------------------|
| SUPPORTING RECORD 1. | Type of Document
<u>Certificate of Baptism</u> | | By whom issued and signed
<u>John E. Martin, Bishop L.D.S. 15th Ward, Salt Lake</u> | | Date issued
<u>1/27/1942</u> | Date Orig. Entry
<u>3/29/1903</u> |
| | Date of Birth
<u>3/4/1895</u> | Birth Place
<u>Salem, Idaho</u> | Full Name of Mother
<u>Laura C. Christensen</u> | | Name of Father
<u>Rasmus Peter Hansen</u> | |
| SUPPORTING RECORD 2. | Type of Document
<u>Certificate of Membership</u> | | By whom issued and signed
<u>Ella D. Jack, Bishop's Office Salt Lake City, Utah</u> | | Date issued
<u>5/24/1954</u> | Date Orig. Entry
<u>5/2/1895</u> |
| | Date of Birth
<u>3/4/1895</u> | Birth Place
<u>Salem, Idaho</u> | Full Name of Mother
<u>Laura C. Christensen</u> | | Name of Father
<u>Rasmus P. Hansen</u> | |
| SUPPORTING RECORD 3. | Type of Document
<u>Affidavit by Aunt</u> | | By whom issued and signed
<u>Mrs. Charles C. Fuller</u> | | Date issued
<u>5/25/1954</u> | Date Orig. Entry |
| | Date of Birth
<u>3/4/1895</u> | Birth Place
<u>Salem, Idaho</u> | Full Name of Mother
<u>Laura C. Hansen</u> | | Name of Father
<u>Rasmus Peder Hansen</u> | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| | | |
|--|--|------------------------------------|
| State Registrar
<u>W. W. Benson</u> | Evidence reviewed by
<u>Opal Peterson</u> | Date Filed
<u>July 14, 1954</u> |
|--|--|------------------------------------|

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATION OF BIRTH
STATE OF IDAHO

| | | | | | | |
|--|---|-------------------------|---|-----------|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Grace Ethel Atherton</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>April 17 1895</i> | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Boise Idaho</i> | a. County | b. City or Town of Birth | |
| FATHER | 6. Full Name of Father
<i>William Atherton</i> | | | | 7. State or Country of Father's Birth
<i>England</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Sarah Agnes Mork</i> | | | | 9. State or Country of Mother's Birth
<i>U.S.A</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Grace Atherton Jones</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on <i>July 13 1954</i> | | | | 11. Present Address of Registrant
<i>1313-4th St. Boise Idaho</i> | |
| | 12. Signature of Notary
<i>Mark F. Fiedler</i> | | | | 13. Notary Commission expires
<i>May 7 1957</i> | |

| | | | | | | | |
|--|--|------------------------------------|--|--|---|--|--|
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | | |
| SUPPORTING
RECORD 1. | Type of Document
<i>Certificate of Baptism</i> | | By whom issued and signed
<i>St. Michael's Episcopal Church, Boise, Idaho</i> | | Date issued
<i>Baptized</i> | Date Orig. Entry
<i>July 14, 1895</i> | |
| | Date of Birth
<i>Apr. 17, 1895</i> | Birth Place
<i>Boise, Idaho</i> | Full Name of Mother
<i>Sarah Agnes Atherton</i> | | Name of Father
<i>William Atherton</i> | | |
| SUPPORTING
RECORD 2. | Type of Document
<i>Child's birth certificate</i> | | By whom issued and signed
<i>Bureau of Vital Statistics Boise #108376</i> | | Date issued
<i>1-9-23</i> | Date Orig. Entry
<i>1-9-23</i> | |
| | Date of Birth
<i>28 yrs old</i> | Birth Place
<i>Boise, Idaho</i> | Full Name of Mother | | Name of Father | | |
| SUPPORTING
RECORD 3. | Type of Document | | By whom issued and signed | | Date issued | Date Orig. Entry | |
| | Date of Birth | Birth Place | Full Name of Mother | | Name of Father | | |
| QUALIFYING
INFORMATION | | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
<i>Mark F. Fiedler</i> | | | Date Filed
<i>7-23-54</i> | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

[Faint, illegible text at the bottom of the page]

[Faint, illegible text from bleed-through]

NAME OF PARTY: _____

[Faint handwritten notes at the bottom of the page]

... ..

1000

12-10-1964

Classified by 60320
Declassify on: OADR

SECRET

12-10-68

SECRET

CONFIDENTIAL

[illegible]

DECLASSIFICATION

11-11-61

100-443888-100

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 674
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|-------------------------|--|--|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
MABEL PEARL AGRELL | | | | 2. Date (month) (day) (year)
Of Birth MAY 6th 1895 | |
| | 3. Color or Race
WHITE | 4. Sex
FEMALE | 5. Place of Birth a. County
BLAINE, IDAHO - LATAH. | | b. City or Town of Birth
BLAINE IDAHO | |
| FATHER | 6. Full Name of Father
NELS LEWIS AGRELL | | | | 7. State or Country of Father's Birth
SWEDEN | |
| MOTHER | 8. Full Maiden Name of Mother
IDA JOSEPHINE AGRELL | | | | 9. State or Country of Mother's Birth
CALIFORNIA | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Mabel Pearl Conroy</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Aug. 11 1954</i> | | | | 11. Present Address of Registrant
707-11th AVENUE | |
| | 12. Signature of Notary
<i>Nazel L. Kyle</i> | | | | 13. Notary Commission expires
12/8 1954 | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|-------------------------------------|---|--|---|
| SUPPORTING
RECORD 1. | Type of Document
Blessing Record | | By whom issued and signed
Biftoppelige Methodist Church | | Date issued
Idaho |
| | Date of Birth
May 6, 1895 | Birth Place
Blaine | Full Name of Mother
Ida Agrell | | Date Orig. Entry
Blessed on July 28, 1895 |
| SUPPORTING
RECORD 2. | Type of Document
Affidavit by parents | | By whom issued and signed
Nels L. Agrell | | Date issued
August 13, 1954 |
| | Date of Birth
May 6, 1895 | Birth Place
Blaine, Idaho | Full Name of Mother
Ida J. Agrell | | Date Orig. Entry
1954 |
| SUPPORTING
RECORD 3. | Type of Document | | By whom issued and signed | | Date issued |
| | Date of Birth | Birth Place | Full Name of Mother | | Date Orig. Entry |
| QUALIFYING
INFORMATION | Type of Document | | By whom issued and signed | | Date issued |
| | Date of Birth | Birth Place | Full Name of Mother | | Date Orig. Entry |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | Date Filed |
| | State Registrar
W. W. Benson | | Evidence reviewed by
Edna Hamilton | | Aug. 16, 1954 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

RECEIVED
DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO
JUN 4 - 1954

State File No. De54 748
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | | |
|--|---|--------------------|-------------------------------------|--|--|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registered Full Name at Birth
<u>Edith Marguerite McMurrin</u> | | | | 2. Date of Birth (month) (day) (year)
<u>Nov. 28 1895</u> | | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>F</u> | 5. Place of Birth
<u>Preston</u> | | b. City or Town of Birth
<u>Preston</u> | | |
| FATHER | 6. Full Name of Father
<u>James Leaing McMurrin</u> | | | | 7. State or Country of Father's Birth
<u>Utah</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Edith Mary Turpin</u> | | | | 9. State or Country of Mother's Birth
<u>England</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Edith McMurrin</u> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>May 28 1954</u> | | | | 11. Present Address of Registrant
_____ | | |
| | 12. Signature of Notary
<u>Grace J. Robbins</u> | | | | 13. Notary Commission expires
<u>Feb. 11 1956</u> | | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|--|--|--------------------------------------|---|--|---|
| SUPPORTING RECORD 1.

Class <u>B</u> | Type of Document
<u>Census record of 1910</u> | | By whom issued and signed
<u>Bureau of the Census</u> | Date issued
<u>8/30/54</u> | Date Orig. Entry
<u>Census of April 15, 1910</u> |
| | Date of Birth
<u>14 yrs old</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>Edith M. McMurrin</u> | Name of Father
_____ | |
| SUPPORTING RECORD 2.

Class <u>B</u> | Type of Document
<u>Church record of 1903</u> | | By whom issued and signed
<u>The Logan Temple L. D. S. Church</u> | Date issued
<u>8/26/54</u> | Date Orig. Entry
<u>Baptized on Dec. 1, 1903</u> |
| | Date of Birth
<u>Nov. 28, 1895</u> | Birth Place
<u>Preston, Idaho</u> | Full Name of Mother
<u>Edith Mary Turpin</u> | Name of Father
<u>James Leaing McMurrin</u> | |
| SUPPORTING RECORD 3.

Class <u>B</u> | Type of Document
<u>Marriage License record</u> | | By whom issued and signed
<u>County Clerk and Recorder of San Diego County, Calif.</u> | Date issued
<u>3/25/18</u> | Date Orig. Entry
<u>Mar. 25, 1918</u> |
| | Date of Birth
<u>22 yrs old</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
_____ | Name of Father
_____ | |

QUALIFYING INFORMATION
CLASS B. Affidavit by brother Joseph McMurrin showing birthdate as November 28, 1895
and place of birth as Preston, Idaho.

| | | | |
|-------------------------------------|--|--|------------------------------------|
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<u>W. W. Benson</u> | Evidence reviewed by
<u>Edna Hamilton</u> | Date Filed
<u>Sept. 8, 1954</u> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF OHIO DELAYED CERTIFICATE OF BIRTH

| | | | |
|---|--|---|--|
| 1. State of County of Father's Birth
PRESTON | | 2. Date of Birth
1954 | |
| 3. State of County of Mother's Birth
PRESTON | | 4. Date of Birth
1954 | |
| 5. Present Address of Applicant
17. Mother's Signature and Date
18. Signature of Mother | | 6. Name of Father
7. Name of Mother
8. Name of Child
9. Sex of Child
10. Color of Child
11. Place of Birth
12. Date of Birth
13. Date of Issuance
14. Date of Expiration
15. Date of Renewal
16. Date of Cancellation | |

| | | | |
|---|--|---|--|
| 1. Name of Father
2. Date of Birth
3. Date of Issuance
4. Date of Expiration
5. Date of Renewal
6. Date of Cancellation | | 7. Name of Mother
8. Date of Birth
9. Date of Issuance
10. Date of Expiration
11. Date of Renewal
12. Date of Cancellation | |
| 13. Name of Child
14. Date of Birth
15. Date of Issuance
16. Date of Expiration
17. Date of Renewal
18. Date of Cancellation | | 19. Name of Child
20. Date of Birth
21. Date of Issuance
22. Date of Expiration
23. Date of Renewal
24. Date of Cancellation | |

| | | | |
|---|--|---|--|
| 25. Name of Child
26. Date of Birth
27. Date of Issuance
28. Date of Expiration
29. Date of Renewal
30. Date of Cancellation | | 31. Name of Child
32. Date of Birth
33. Date of Issuance
34. Date of Expiration
35. Date of Renewal
36. Date of Cancellation | |
| 37. Name of Child
38. Date of Birth
39. Date of Issuance
40. Date of Expiration
41. Date of Renewal
42. Date of Cancellation | | 43. Name of Child
44. Date of Birth
45. Date of Issuance
46. Date of Expiration
47. Date of Renewal
48. Date of Cancellation | |

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 829
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|-------------------------|------------------------------------|---|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Goldie Gertrude McGlochlin | | | | 2. Date (month) (day) (year)
January 14 1895 | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth
Homebo | a. County
Blaine | b. City or Town of Birth
Picabo | |
| FATHER | 6. Full Name of Father
Walter B. McGlochlin | | | | 7. State or Country of Father's Birth
Pawnee, Sagamon, Illinois | |
| MOTHER | 8. Full Maiden Name of Mother
Minnie May Smith | | | | 9. State or Country of Mother's Birth
Logan County, Illinois | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Goldie Gertrude McGlochlin</i>
<i>now Goldie Stewart</i> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
Sept 23rd 1954 | | | 11. Present Address of Registrant
Route 3, Boise, Idaho | | |
| | 12. Signature of Notary
<i>Harry H. Kessler</i> | | | 13. Notary Commission expires
Dec 16 1956 | | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|-------------------------------------|---|--|--|
| SUPPORTING RECORD 1- | Type of Document
Bible Record | | By whom issued and signed
<i>Goldie Gertrude McGlochlin</i>
<i>now Goldie Stewart</i> | | Date issued
Jan. 14, 1895 |
| | Date of Birth
Jan 14, 1895 | Birth Place
Picabo, Idaho | Full Name of Mother
Minnie May Smith | | Name of Father
Walter B. McGlochlin |
| SUPPORTING RECORD 2- | Type of Document
Affidavit by father | | By whom issued and signed
Walter B. McGlochlin | | Date issued
October 6th, 1954 |
| | Date of Birth
Jan 14, 1895 | Birth Place
Picabo, Idaho | Full Name of Mother
Minnie May Smith | | Name of Father
Walter B. McGlochlin |
| SUPPORTING RECORD 3- | Type of Document
Birth Certificate of Child | | By whom issued and signed
Bureau of Vital Statistics
State of Idaho | | Date issued
Filed 5-7-26 |
| | Date of Birth
31 yrs | Birth Place
Picabo, Idaho | Full Name of Mother
Minnie May Smith | | Date Orig. Entry
Born April 19, 1926 |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
Pat Shields | | Date Filed
Oct. 6, 1954 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

201

100-443881

referred to as the "Bible of the South".

01011111 11111111 11111111

2. 10. 1964

1990

下大组 第3组 第3组

120

100

CONCLUSIONS

1944-1945

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

and we will have to pay for it. But we need a good deal of money to pay for it. We need a good deal of money to pay for it. We need a good deal of money to pay for it.

SECRET

Abstract

[illegible]

DELAYED CERTIFICATION OF BIRTH
STATE OF IDAHO

State File No. De511 905
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|--------------------|-----------------------------------|--|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>EMILIA LAVERN BARTHOLOMEW</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>JULY 22 1895</u> | |
| | 3. Color or Race
<u>WHITE</u> | 4. Sex
<u>F</u> | 5. Place of Birth
<u>IDAHO</u> | | a. County
<u>BANNOCK</u> | |
| FATHER | 6. Full Name of Father
<u>NOAH BARTHOLOMEW</u> | | | | 7. State or Country of Father's Birth
<u>POCATELLO</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>MARY ANN DAME</u> | | | | 9. State or Country of Mother's Birth
<u>FILLMORE UTAH U.S.A.</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Emilia Bartholomew Quayle</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>October 29, 1954</u> | | | | 11. Present Address of Registrant
<u>20952 GAULT ST
CANONIA PARK CALIFORNIA</u> | |
| | 12. Signature of Notary
<u>Verne Hayes</u> | | | | 13. Notary Commission expires
<u>Sept 24 1958</u> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|--|-----------------------------|--|--|---|
| SUPPORTING RECORD 1-

Class* <u>A</u> | Type of Document
<u>Census record of 1900</u> | | By whom issued and signed
<u>Bureau of the Census</u> | Date issued
<u>10/20/54</u> | Date Orig. Entry
Census of
<u>June 1, 1900</u> |
| | Date of Birth
<u>4 yrs old</u>
<u>July 1895</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>Mary A. Bartholomew</u> | Name of Father | |
| SUPPORTING RECORD 2-

Class <u>B.</u> | Type of Document
<u>Child's birth Certificate</u> | | By whom issued and signed
<u>State of Utah, No. 230</u> | Date issued
<u>Filed on</u>
<u>Dec. 21, 1913</u> | Date Orig. Entry
<u>Child born on</u>
<u>No. 16, 1913</u> |
| | Date of Birth
<u>18 yrs old</u> | Birth Place
<u>Idaho</u> | Full Name of Mother | Name of Father | |
| SUPPORTING RECORD 3-

Class _____ | Type of Document | | By whom issued and signed | Date issued | Date Orig. Entry |
| | Date of Birth | Birth Place | Full Name of Mother | Name of Father | |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<u>W. W. Benson</u> | | Evidence reviewed by
<u>Edna Hamilton</u> | Date Filed
<u>Nov. 15, 1954</u> | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

the 1990s, the number of people in the world who are illiterate has increased from 1.2 billion to 1.5 billion. The number of illiterate people in the world is projected to reach 1.7 billion by the year 2015. The number of illiterate people in the world is projected to reach 1.7 billion by the year 2015.

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

1997

| | | | | | |
|--|---|-------------------------|--|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
AFFIE GENEVA STEVENS | | | 2. Date (month) (day) (year)
Of Birth AUGUST 23 1895 | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth
a. County
Bear Lake | b. City or Town of Birth
Montpelier, Idaho | |
| FATHER | 6. Full Name of Father
John Stevens | | | 7. State or Country of Father's Birth
Iowa | |
| MOTHER | 8. Full Maiden Name of Mother
Lillian E. Jones | | | 9. State or Country of Mother's Birth
Nebraska | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Affie Geneva Stevens</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>November 9</u> 1954 | | | 11. Present Address of Registrant
<u>212-10 Have no name Ida</u> | |
| | 12. Signature of Notary
<i>W. W. Benson</i> | | | 13. Notary Commission expires
<u>Sept. 9- 1954</u> | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|--|---|---|---|--|--|
| SUPPORTING RECORD 1.

Class <u>B</u> | Type of Document
Church Record of Members | | By whom issued and signed
Bear Lake Stake, Montpelier Ward Records, L. D. S. Church | | Date Issued
9-26-54 |
| | Date of Birth
Aug 23, 1895 | Birth Place
Montpelier | Full Name of Mother
Lillian E. Jones | | Date Orig. Entry
Prior to 1902 |
| SUPPORTING RECORD 2.

Class <u>B</u> | Type of Document
Birth Certificate of Child | | By whom issued and signed
State of Idaho Vital Statistics | | Date Issued
June 28, 1920 |
| | Date of Birth
24 yrs | Birth Place
Idaho | Full Name of Mother
Lillian E. Jones | | Date Orig. Entry
June 28, 1920 |
| SUPPORTING RECORD 3.

Class <u>B</u> | Type of Document
Affidavit by older Sister | | By whom issued and signed
Annie Marie Geertsen | | Date Issued
Oct. 25, 1954 |
| | Date of Birth
Aug. 23, 1895 | Birth Place
Montpelier, Idaho | Full Name of Mother
Lillian Stevens | | Date Orig. Entry
John Stevens |

| | | | | | |
|-------------------------------------|--|--|---|--|------------------------------------|
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
<i>Malcolm Helgeson</i> | | Date Filed
Nov. 15, 1954 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

NOTICE OF SALE OF REAL ESTATE
TO THE PUBLIC
I, the undersigned, Commissioner of the Division of Taxes, do hereby give notice that the following real estate, owned by the State of Ohio, will be sold at public sale, to wit:

1. A certain lot of land, situated in the City of Columbus, Ohio, containing one acre, more or less, and being part of the estate of the late John Doe, deceased.

2. A certain lot of land, situated in the City of Columbus, Ohio, containing one acre, more or less, and being part of the estate of the late John Doe, deceased.

3. A certain lot of land, situated in the City of Columbus, Ohio, containing one acre, more or less, and being part of the estate of the late John Doe, deceased.

4. A certain lot of land, situated in the City of Columbus, Ohio, containing one acre, more or less, and being part of the estate of the late John Doe, deceased.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-985
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|-------------------------|--|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Edna Dean Rawson</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>Dec.</u> <u>11</u> <u>1895</u> | |
| | 3. Color or Race
<u>white</u> | 4. Sex
<u>female</u> | 5. Place of Birth
<u>Grant, Bingham</u> | | 6. City or Town of Birth
<u>Coltman - Bingham</u> | |
| FATHER | 6. Full Name of Father
<u>Silas Daniel Rawson</u> | | | | 7. State or Country of Father's Birth
<u>Harrisville, Weber Co., Utah</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Johanne Marie (Mary) Hegsted</u> | | | | 9. State or Country of Mother's Birth
<u>Huntsville, Weber Co., Utah</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Edna Dean Rawson</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>April 19, 1954</u> | | | | 11. Present Address of Registrant
<u>2332 Jackson ave., Ogden, Utah</u> | |
| | 12. Signature of Notary
<u>[Signature]</u> | | | | 13. Notary Commission expires
<u>Sept. 2, 1955</u> | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|--|--------------------------------------|--|--|---|
| SUPPORTING
RECORD 1. | Type of Document
<u>Church record of Membership</u> | | By whom issued and signed
<u>L. D. S. Church</u> | Date issued
<u>9/16/54</u> | Date Orig. Entry
<u>June 5, 1904</u> |
| | Date of Birth
<u>Dec. 11, 1895</u> | Birth Place
<u>Coltman, Idaho</u> | Full Name of Mother
<u>Mary Hegsted</u> | Name of Father
<u>Silas D. Rawson</u> | |
| SUPPORTING
RECORD 2. | Type of Document
<u>Hospital Record</u> | | By whom issued and signed
<u>Thomas Dee Memorial</u> | Date issued
<u>3-10-41</u> | Date Orig. Entry |
| | Date of Birth
<u>45 yrs old</u> | Birth Place | Full Name of Mother | Name of Father
<u>S. D. Rawson</u> | |
| SUPPORTING
RECORD 3. | Type of Document
<u>Employment Record</u> | | By whom issued and signed
<u>Mode O'Day Corporation</u> | Date issued
<u>1-18-43</u> | Date Orig. Entry |
| | Date of Birth
<u>Dec. 11, 1895</u> | Birth Place | Full Name of Mother | Name of Father | |

| | | | |
|--|--|--|-----------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<u>W. W. Benson</u> | Evidence reviewed by
<u>[Signature]</u> | Date Filed
<u>Dec. 9, 1954</u> |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55 - 6
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | | |
|--|---|-------------------------|-------------------------------------|-----------|--|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
ZOLA LUCY CALL JEPSON | | | | 2. Date (month) (day) (year)
Of Birth February 20 1895 | | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Bannock | a. County | b. City or Town of Birth
Chesterfield, | | | |
| FATHER | 6. Full Name of Father
Rufus V. Call | | | | 7. State or Country of Father's Birth
Utah | | | |
| MOTHER | 8. Full Maiden Name of Mother
Gertrude Rice | | | | 9. State or Country of Mother's Birth
Utah | | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Zola Call Jepson</i> | | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>5 January 1955</u> | | | | 12. Signature of Notary
<i>W W Benson</i> | | | |
| | | | | | 11. Present Address of Registrant
914 - 8th Avenue
Lewiston, Idaho | | | |
| | | | | | 13. Notary Commission expires
<u>July 31 1958</u> | | | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | |
|--|-----------------------------------|-----------------------------|------------------------------------|
| SUPPORTING
RECORD 1. | Type of Document # 79050 | | By whom issued and signed |
| | Birth certificate of Child | | Idaho Bureau of Vital Stat. |
| Class* <u>B</u> | Date of Birth | Birth Place | Full Name of Mother |
| | | | |
| SUPPORTING
RECORD 2. | Type of Document | | By whom issued and signed |
| | Certificate of Baptism | | L. D. S. Church |
| Class <u>B</u> | Date of Birth | Birth Place | Full Name of Mother |
| | Feb. 20, 1895 | Chesterfield, Idaho, | Gertrude Rice |
| SUPPORTING
RECORD 3. | Type of Document | | By whom issued and signed |
| | Affidavit by Uncle | | Osmond Call |
| Class <u>B</u> | Date of Birth | Birth Place | Full Name of Mother |
| | Feb. 20, 1895 | Chesterfield, Idaho | |

| | | | |
|--|--|--|------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W W Benson</i> | Evidence reviewed by
Edna Hamilton | Date Filed |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DATE: 5/11/71

10-10-68

DATE: 10/10/1964
TO: SAC, NEW YORK
FROM: SAC, NEW YORK
SUBJECT: [REDACTED]

THE UNITED STATES OF AMERICA

REF ID: A66444

10-11-68 10:00 AM 10-11-68 10:00 AM

01-01-1964

SECRET

SECRET

Case 1:17-cv-01001 Document 1-1 Filed 07/26/17 Page 1 of 1

[illegible]

10-10-68

REF ID: A66111

100-443887-100

SECRET

7

1952年 1月 1日

10-10-68

100

SECRET

100-443887-100

10-10-68

100-443887-100

2000-2001

610. 2014. 10. 14.

第 10 页 共 10 页

... ..

SECRET

... ..

the 1990s, the number of people in the world who are undernourished has declined from 1.1 billion to 800 million. The number of people who are malnourished has declined from 1.5 billion to 1 billion. The number of people who are obese has increased from 100 million to 300 million. The number of people who are overweight has increased from 100 million to 300 million. The number of people who are obese and overweight has increased from 100 million to 300 million. The number of people who are obese and overweight has increased from 100 million to 300 million.

[illegible]

...the fact that the *Journal of Management* is a leading journal in the field of management research, and that the *Journal of Management Studies* is a leading journal in the field of management education research.

...the fact that the *Journal of Management Studies* is a leading journal in the field of management studies, and that the *Journal of Management Studies* is a leading journal in the field of management studies.

2014-10-14 10:10:10

1950年10月1日

... ..

100-443887-100

10-10-68

(continued)

100

100-443887-100

| | | | | |
|--|---|-----------------------|---|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Albert Jonathan Jacot | | | 2. Date of Birth
March 17th 1895 |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Idaho Kootenai | |
| FATHER | 6. Full Name of Father
Julius Alfred Jacot | | | 7. State or Country of Father's Birth
Switzerland |
| MOTHER | 8. Full Maiden Name of Mother
Marie Lina Ducommun | | | 9. State or Country of Mother's Birth
Switzerland |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | |
| NOTARY (Seal) | 10. Signature of Registrant
<i>Albert Jonathan Jacot</i> | | 11. Present Address of Registrant
Rt2, Box 102, Shelton, Washington | |
| | 12. Signature of Notary
<i>Charles Lewis</i> | | 13. Notary Commission expires
January 15 1955 | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | |
|--|---|-------------|---|--|
| SUPPORTING RECORD 1. | Type of Document
Bible Record | | By whom issued and signed
Family Bible | Date issued
Mch 17, 1895 |
| | Date of Birth
Mch. 17, 1895, | Birth Place | Full Name of Mother | Name of Father |
| SUPPORTING RECORD 2. | Type of Document
Marriage Return | | By whom issued and signed
State of Washington County of Lewis | Date issued
May 18, 1922 |
| | Date of Birth
27 yrs old Idaho | Birth Place | Full Name of Mother
Lina Ducoman | Name of Father
J. A. Jacot |
| SUPPORTING RECORD 3. | Type of Document
Affidavit | | By whom issued and signed
John Ducommun | Date issued
Dec. 20, 1954 |
| | Date of Birth
Mch 17, 1895, St. Joe Valley, Idaho | Birth Place | Full Name of Mother
M. Lina Ducommun | Name of Father
J. Alfred Jacot |

| | | | |
|-------------------------------------|--|---|------------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
<i>Mark H. Edin</i> | Date Filed
Jan. 25, 1955 |

5081 8 1955

Local Location Jacob

Local Location Jacob

Local Location Jacob

Local Location Jacob

Local Location Jacob

Local Location Jacob

Local Location Jacob

Local Location Jacob

Local Location Jacob

Local Location Jacob

Local Location Jacob

Local Location Jacob

Local Location Jacob

Local Location Jacob

Local Location Jacob

Local Location Jacob

Local Location Jacob

Local Location Jacob



| | | | | | | | |
|--|---|--------------------|--|--|--|-------|--------|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
GOLDIE | | JAN 24 1955 Date of Birth | | (month) | (day) | (year) |
| | 3. Color or Race
White | 4. Sex
F | 5. Place of Birth
Idaho | | 6. City or Town of Birth
Grangeville | | |
| FATHER | 6. Full Name of Father
James Robert Cain | | | | 7. State or Country of Father's Birth
Illinois | | |
| MOTHER | 8. Full Maiden Name of Mother
Minerva Jane Johnson | | | | 9. State or Country of Mother's Birth
Illinois | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant
<i>Goldie Jewin</i> | | 11. Present Address of Registrant
Grangeville, Idaho | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>January 5 1955</i> | | 12. Signature of Notary
<i>M. V. Fremming</i> | | 13. Notary Commission expires
<i>Oct. 4 1955</i> | | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|--|--|--|------------------|
| SUPPORTING RECORD 1. | Type of Document
Employment Record | | By whom issued and signed
First Security Bank
Grangeville, Idaho | Date issued
Feb. 2, 1947 | Date Orig. Entry |
| | Date of Birth
Dec. 9, 1895 | Birth Place | Full Name of Mother
Minerva Johnson | Name of Father
Robert Cain | |
| SUPPORTING RECORD 2. | Type of Document
Marriage record | | By whom issued and signed
Idaho County, Idaho,
Ex-Officio Recorder | Date issued
Feb. 20, 1918 | Date Orig. Entry |
| | Date of Birth
23 yrs old | Birth Place | Full Name of Mother | Name of Father | |
| SUPPORTING RECORD 3. | Type of Document
Affidavit by | | By whom issued and signed
Araminta Johnson Schmadeka | Date issued
January 29th, 1955 | Date Orig. Entry |
| | Date of Birth
Dec. 9, 1895 | Birth Place
Grangeville, Idaho | Full Name of Mother
Minerva Jane Johnson Cain | Name of Father
James Robert Cain | |

| | | | |
|-------------------------------------|--|--|-----------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
Edna Hamilton | Date Filed
Feb. 1, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

FEB 1 1959



| | | | |
|---|--|--|--|
| <p>1. Name of Registrant: [illegible]</p> | | <p>2. Address of Registrant: [illegible]</p> | |
| <p>3. Date of Birth: [illegible]</p> | | <p>4. Sex: [illegible]</p> | |
| <p>5. Date of Issue: [illegible]</p> | | <p>6. Date of Expiration: [illegible]</p> | |
| <p>7. Signature: [illegible]</p> | | <p>8. Remarks: [illegible]</p> | |
| <p>9. Evidence Review: [illegible]</p> | | <p>10. State Registrar: [illegible]</p> | |



DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. **De55-130**
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | |
|--|---|--------------------|-----------------------------------|---------------------------|---|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
James Thomas Bryant | | | | 2. Date of Birth (month) (day) (year)
Dec. 21 1895 | | |
| | 3. Color or Race
W | 4. Sex
M | 5. Place of Birth
Idaho | a. County
Idaho | b. City or Town of Birth
Rural | | |
| FATHER | 6. Full Name of Father
John Riley Bryant | | | | 7. State or Country of Father's Birth
Illinois USA | | |
| MOTHER | 8. Full Maiden Name of Mother
Irene Loice Duncan | | | | 9. State or Country of Mother's Birth County
Portland, Oregon Yamhill | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>James Thomas Bryant</i> | | 11. Present Address of Registrant
Rt. 1 LaCrosse, Wash. |
| NOTARY (Seal) | Subscribed and sworn to before me on
Oct. 30 19 54 | | | | 12. Signature of Notary
<i>Arthur Stumpke</i> | | 13. Notary Commission expires
Feb. 26, 1958 19 58 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|--|--|--|--|
| SUPPORTING
RECORD 1-

Class <u>B</u> | Type of Document
Honorable Discharge | | By whom issued and signed
United States Army | Date issued
Jan. 17, 1919 | Date Orig. Entry |
| | Date of Birth
22 7/12 yrs old | Birth Place | Full Name of Mother | Name of Father | |
| SUPPORTING
RECORD 2-

Class <u>B</u> | Type of Document
Affidavit by mother | | By whom issued and signed
Irene Loicie Bryant | Date issued
Dec. 16, 1954 | Date Orig. Entry |
| | Date of Birth
Dec. 21, 1895, Denver, Idaho | Birth Place
Irene Loice Pryant | Full Name of Mother | Name of Father | |
| SUPPORTING
RECORD 3-

Class <u>B</u> | Type of Document
Certificate of Baptism | | By whom issued and signed
Roman Catholic Church St. Anthony, Idaho | Date issued
Baptized | Date Orig. Entry
Apr. 16, 1919 |
| | Date of Birth
Dec. 21, 1895, Idaho County, Irene Bryant | Birth Place | Full Name of Mother | Name of Father
John Riley Bryant | |

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

| | | |
|--|---|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
W. W. Benson | Evidence reviewed by
<i>Mabel K. Edgar</i> | Date Filed
Feb. 14, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DETAILED CERTIFICATE OF BIRTH STATE OF ILLINOIS

FEB 13 1938

State of Illinois
County of Cook
City of Chicago

| | |
|---------------------------------|----------------------|
| 1. Registered Name of Child | John Riley Bryant |
| 2. Date of Birth | Dec. 31, 1896 |
| 3. Place of Birth | Chicago, Illinois |
| 4. Name of Father | John Riley Bryant |
| 5. Name of Mother | Theresa Alice Bryant |
| 6. Name of Father's Birthplace | Illinois |
| 7. Name of Mother's Birthplace | Illinois |
| 8. Name of Father's Occupation | |
| 9. Name of Mother's Occupation | |
| 10. Name of Child's Occupation | |
| 11. Name of Child's Residence | |
| 12. Name of Child's School | |
| 13. Name of Child's Religion | |
| 14. Name of Child's Race | |
| 15. Name of Child's Sex | |
| 16. Name of Child's Color | |
| 17. Name of Child's Height | |
| 18. Name of Child's Weight | |
| 19. Name of Child's Eyes | |
| 20. Name of Child's Hair | |
| 21. Name of Child's Complexion | |
| 22. Name of Child's Birthmarks | |
| 23. Name of Child's Scars | |
| 24. Name of Child's Tattoos | |
| 25. Name of Child's Other Marks | |
| 26. Name of Child's Other Marks | |
| 27. Name of Child's Other Marks | |
| 28. Name of Child's Other Marks | |
| 29. Name of Child's Other Marks | |
| 30. Name of Child's Other Marks | |



| | |
|------------------------------------|-------------------|
| 1. Name of Registrar | John Riley Bryant |
| 2. Date of Issuance | Dec. 31, 1938 |
| 3. Place of Issuance | Chicago, Illinois |
| 4. Name of Registrar's Office | |
| 5. Name of Registrar's Address | |
| 6. Name of Registrar's Telephone | |
| 7. Name of Registrar's Signature | |
| 8. Name of Registrar's Title | |
| 9. Name of Registrar's Commission | |
| 10. Name of Registrar's Expiration | |
| 11. Name of Registrar's Fee | |
| 12. Name of Registrar's Fee | |
| 13. Name of Registrar's Fee | |
| 14. Name of Registrar's Fee | |
| 15. Name of Registrar's Fee | |
| 16. Name of Registrar's Fee | |
| 17. Name of Registrar's Fee | |
| 18. Name of Registrar's Fee | |
| 19. Name of Registrar's Fee | |
| 20. Name of Registrar's Fee | |
| 21. Name of Registrar's Fee | |
| 22. Name of Registrar's Fee | |
| 23. Name of Registrar's Fee | |
| 24. Name of Registrar's Fee | |
| 25. Name of Registrar's Fee | |
| 26. Name of Registrar's Fee | |
| 27. Name of Registrar's Fee | |
| 28. Name of Registrar's Fee | |
| 29. Name of Registrar's Fee | |
| 30. Name of Registrar's Fee | |

THIS CERTIFICATE IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE ACT OF THE GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, PASSED MAY 10, 1907, CHAP. 110, SEC. 1, AND THE ACT OF THE GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, PASSED MAY 10, 1907, CHAP. 110, SEC. 2.

W. H. Benson
Dec. 14, 1938

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-164

Local Reg. No. _____

Reg. Dist. No. _____

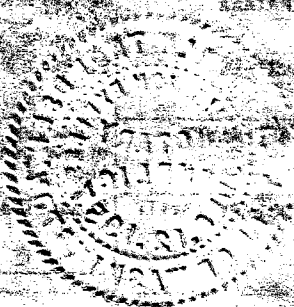
| | | | | | |
|--|---|-------------------------|---|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Pansy Lillian Lisne</i> | | | 2. Date (month) (day) (year)
Of Birth <i>September 10 1895</i> | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>female</i> | 5. Place of Birth a. County
<i>Latah</i> | b. City or Town of Birth
<i>Genesee Idaho</i> | |
| FATHER | 6. Full Name of Father
<i>Peter H. Lisne</i> | | | 7. State or Country of Father's Birth
<i>Norway</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Elizabeth V. Knottland</i> | | | 9. State or Country of Mother's Birth
<i>Illinois</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Pansy Lillian Lisne</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Feb 10 1955</i> | | | 11. Present Address of Registrant
<i>(Home) Box 5 & Ocean Park W</i> | |
| | 12. Signature of Notary
<i>Jarvald Nordson</i> | | | 13. Notary Commission expires
<i>Dec 12 - 1957</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

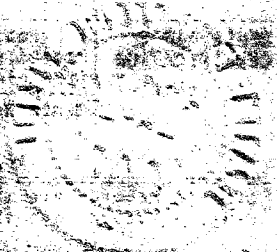
| | | | | | |
|--|--|--------------------------------------|---|---|---------------------------------|
| SUPPORTING
RECORD 1- | Type of Document
<i>Affidavit by sister</i> | | By whom issued and signed
<i>Myrtle V. Acrea</i> | Date issued
<i>Feb. 2, 1955</i> | Date Orig. Entry |
| | Date of Birth
<i>Sept. 10, 1895</i> | Birth Place
<i>Genesee, Idaho</i> | Full Name of Mother
<i>Elizabeth V. Lisne</i> | Name of Father
<i>Peter H. Lisne</i> | |
| SUPPORTING
RECORD 2- | Type of Document
<i>Certificate of Baptism</i> | | By whom issued and signed
<i>M. A. Christensen, Pastor</i> | Date issued
<i>Baptized Oct. 1, 1895</i> | Date Orig. Entry
<i>1895</i> |
| | Date of Birth
<i>Sept. 10, 1895</i> | Birth Place | Full Name of Mother
<i>Elizabeth Lysne</i> | Name of Father
<i>P. H. Lysne</i> | |
| SUPPORTING
RECORD 3- | Type of Document | | By whom issued and signed | Date issued | Date Orig. Entry |
| | Date of Birth | Birth Place | Full Name of Mother | Name of Father | |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
<i>Mabel F. Egan</i> | Date Filed
<i>Feb. 22, 1955</i> | |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

FEB 23 1955



RECEIVED



DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-165
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|------------------|---|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth

CLAIRE ELEANOR LUCAS | | | 2. Date (month) (day) (year)
Of Birth June 27 1895 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
b. City or Town of Birth
Bonners Ferry, Idaho | | | |
| FATHER | 6. Full Name of Father
Herbert Faxon Lucas | | | 7. State or Country of Father's Birth
Kentucky | | |
| MOTHER | 8. Full Maiden Name of Mother
Eva Herrbold Lucas | | | 9. State or Country of Mother's Birth
Wisconsin | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
Claire Eleanor Lucas | | 11. Present Address of Registrant
205 South William Street
Goldsboro, North Carolina |
| NOTARY (Seal) | Subscribed and sworn to before me on
February 16, 1955 | | | 12. Signature of Notary
Edna C. Rubois | | 13. Notary Commission expires
January 27, 1956 |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--------------------------------------|-------------------------------------|---|---|-------------------------------|
| SUPPORTING
RECORD 1. | Type of Document
School Record | | By whom issued and signed
Office of the Registrar
University of Chicago | Date issued
Oct. 2, 1916 | Date Orig. Entry |
| | Date of Birth
June 27, 1895 | Birth Place
Bonners Ferry, Idaho | Full Name of Mother
Eva Herrbold | Name of Father
Lucas and Herbert Faxon | |
| SUPPORTING
RECORD 2. | Type of Document
Affidavit cousin | | By whom issued and signed
Edna Valier | Date issued
Dec. 14, 1954 | Date Orig. Entry |
| | Date of Birth
June 27, 1895 | Birth Place
Bonners Ferry, Ida. | Full Name of Mother
Eva H. Lucas | Name of Father
Herbert Faxon Lucas | |
| SUPPORTING
RECORD 3. | Type of Document
School Record | | By whom issued and signed
Central High School
LaCross, Wisconsin | Date issued
graduated | Date Orig. Entry
June 1913 |
| | Date of Birth
14 yrs old | Birth Place | Full Name of Mother | Name of Father | |

| | | | |
|--|--|---|-----------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
<i>Mabel Keeler</i> | Date Filed
Feb. 22, 1955 |

FEB 28 1965

1998年12月15日

二、

1-1024-573

10-21-74

[Illegible text]

100-443681-1

1990

100-443617-100

Journal of Interpersonal Violence 26(10)

20110908

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

— 1954 —

10

1990

[illegible]

10-1-10

100-443887-100

34-1081-12

11-11-1964

OFFICE OF THE ATTORNEY GENERAL
STATE OF NEW YORK

0-7-68 - 100-449470 - 10

1-11-61 10:00 AM - 11:00 AM

100-443887-100

SECRET

• *Journal of Management Education*, 20(1), 1-10.

100

100

11-12-1944

1990

44-38861-2100 2100 2100 2100

10/22/10

Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: the control group (CG) and the experimental group (EG). The CG was divided into two subgroups: the control group (CG) and the control group (CG). The EG was divided into two subgroups: the experimental group (EG) and the experimental group (EG). The subjects were divided into two groups: the control group (CG) and the experimental group (EG). The CG was divided into two subgroups: the control group (CG) and the control group (CG). The EG was divided into two subgroups: the experimental group (EG) and the experimental group (EG).

[illegible]

THE UNIVERSITY OF CHICAGO

19-00000

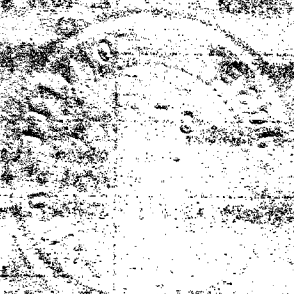
101-1-1000

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

| | | | | | | | | |
|--|---|--|---------------------|--|--|--|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Guy Sherwin | | | | | 2. Date (month) (day) (year)
Of Birth July 28 1895 | | |
| | 3. Color or Race
White | | 4. Sex
M. | 5. Place of Birth a. County
Grangerille, Idaho | | b. City or Town of Birth
Grangerille | | |
| FATHER | 6. Full Name of Father
Perry Edward Sherwin | | | | | 7. State or Country of Father's Birth
Illinois | | |
| MOTHER | 8. Full Maiden Name of Mother
Alice Crooks | | | | | 9. State or Country of Mother's Birth
Oregon | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
<i>Guy Sherwin</i> | | 11. Present Address of Registrant
Grangerille, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
Feb. 5 1955 | | | | | 12. Signature of Notary
<i>Joseph M. Miller</i> | | 13. Notary Commission expires
Oct. 4 1957 |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|--|---|---|------------------|
| SUPPORTING RECORD 1. | Type of Document
Newspaper Notice | | By whom issued and signed
Idaho County Free Press | Date issued
Aug. 2, 1895 | Date Orig. Entry |
| | Date of Birth
July 28, 1895 | Birth Place
Grangeville, Idaho | Full Name of Mother
Mrs. and P. E. Sherwin | Name of Father | |
| SUPPORTING RECORD 2. | Type of Document
Affidavit by cousin | | By whom issued and signed
Fred Bentz | Date issued
Jan. 31, 1955 | Date Orig. Entry |
| | Date of Birth
July 28, 1895 | Birth Place
Grangeville, Idaho | Full Name of Mother
Alice Crooks | Name of Father
Perry Edward Sherwin | |
| SUPPORTING RECORD 3. | Type of Document | | By whom issued and signed | Date issued | Date Orig. Entry |
| | Date of Birth | Birth Place | Full Name of Mother | Name of Father | |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
<i>Michael E. Leifer</i> | Date Filed
3-16-55 | |

MAR 17 1955



| | | | | | | |
|--|---|-------------------------|---|----------------------------|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Elsie Croney | | | | 2. Date of Birth
(month) (day) (year)
February 5th, 1895 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Mink Creek, | a. County
Oneida | b. City or Town of Birth
Idaho | |
| FATHER | 6. Full Name of Father
NIELS Niels Peter Olson Croney | | | | 7. State or Country of Father's Birth
Hammarlov, Skone, Sweden | |
| MOTHER | 8. Full Maiden Name of Mother
Elsie Christensen | | | | 9. State or Country of Mother's Birth
Gudum, Aalborg, Denmark | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Elsie Croney</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
March 26th, 1955 19 | | | | 11. Present Address of Registrant
R.F.D. #2 North | |
| | | | | | 12. Signature of Notary
<i>Alfred S. Storrock</i> | |
| | | | | | 13. Notary Commission expires
Dec. 28th, 1957 19 | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|---|--|--|--|
| SUPPORTING
RECORD 1- | Type of Document
Family Group Record | | By whom issued and signed
L. D. S. Church | | Date issued
Feb. 5, 1895 |
| | Date of Birth
Feb. 5, 1895, | Birth Place
Mink Creek | Full Name of Mother
Elsie Christensen | | Name of Father
Corney |
| SUPPORTING
RECORD 2- | Type of Document
Affidavit by sister | | By whom issued and signed
Emma Croney Crofts | | Date issued
Mch 26, 1955 |
| | Date of Birth
Feb. 5, 1895, | Birth Place
Oneida, Idaho | Full Name of Mother
Elsie Christensen | | Name of Father
Nelx Croney |
| SUPPORTING
RECORD 3- | Type of Document
Certificate of Baptism | | By whom issued and signed
L. D. S. Church | | Date issued
Baptized July 28, 1922 |
| | Date of Birth
Feb. 5, 1895, | Birth Place
Mink Creek, Idaho | Full Name of Mother
Elsie Christensen | | Name of Father
Nelx Croney |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
<i>Maury E. Eder</i> | | Date Filed
Apr. 13, 1955 |

STATE OF ILLINOIS
OFFICE OF THE
CLERK OF THE SUPREME COURT

APR 14 1933



State of Illinois
County of Cook
City of Chicago
In the County of Cook, State of Illinois, I, the undersigned, Clerk of the Supreme Court, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears in the records of the Court.

Witness my hand and the seal of the Court at Chicago, Illinois, this 14th day of April, 1933.

State of Illinois
County of Cook
City of Chicago
In the County of Cook, State of Illinois, I, the undersigned, Clerk of the Supreme Court, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears in the records of the Court.

Witness my hand and the seal of the Court at Chicago, Illinois, this 14th day of April, 1933.

State of Illinois
County of Cook
City of Chicago
In the County of Cook, State of Illinois, I, the undersigned, Clerk of the Supreme Court, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears in the records of the Court.



State of Illinois
County of Cook
City of Chicago
In the County of Cook, State of Illinois, I, the undersigned, Clerk of the Supreme Court, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears in the records of the Court.

Witness my hand and the seal of the Court at Chicago, Illinois, this 14th day of April, 1933.

State of Illinois
County of Cook
City of Chicago
In the County of Cook, State of Illinois, I, the undersigned, Clerk of the Supreme Court, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears in the records of the Court.

RECEIVED
APR 23 1955
Division of Vital Statistics

STATE OF IDAHO
CERTIFICATE OF BIRTH

State File No. De55-396
Local Reg. No. _____
Reg. Dist. No. _____

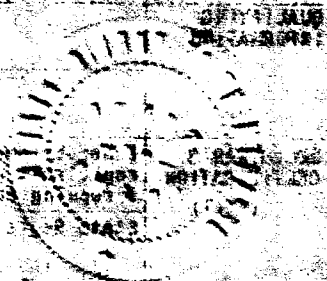
| | | | | |
|--|---|-------------------------|---|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Ollie Mabel Shaffer</i> | | 2. Date (month) (day) (year)
Birth <i>January 5 1895</i> | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>female</i> | 5. Place of Birth
<i>Star Ida Co.</i> | 6. City or Town of Birth
<i>Star Idaho</i> |
| FATHER | 6. Full Name of Father
<i>Porter Brown Shaffer</i> | | 7. State or Country of Father's Birth
<i>Lawrence Co. Missouri</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Julia Alice Gray</i> | | 9. State or Country of Mother's Birth
<i>Jasper Co. Missouri</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant
<i>Ollie Mabel Hadsall</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>April 7 1955</i> | | 11. Present Address of Registrant
<i>835 Blount St
The Dalles Oregon</i> | |
| | 12. Signature of Notary
<i>Lucia McLean</i> | | 13. Notary Commission expires
<i>Aug 17, 1956</i> | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | |
|--|---|-------------------------------------|---|---|
| SUPPORTING
RECORD 1- | Type of Document
<i>School Record</i> | | By whom issued and signed
<i>County Supt. of Public Instruction
Canyon County</i> | Date issued
<i>Sept. 15, 1906</i> |
| | Date of Birth
<i>11 yrs old</i> | Birth Place | Full Name of Mother | Name of Father
<i>Porter B. Shafer</i> |
| SUPPORTING
RECORD 2- | Type of Document
<i>Affidavit by brother</i> | | By whom issued and signed
<i>Lee R. Shaffer</i> | Date issued
<i>Mch 29, 1955</i> |
| | Date of Birth
<i>Jan. 5, 1895</i> | Birth Place
<i>Star, Idaho</i> | Full Name of Mother
<i>Julia Alice Gray</i> | Name of Father
<i>Porter Brown Shaffer</i> |
| SUPPORTING
RECORD 3- | Type of Document
<i>Bible Record</i> | | By whom issued and signed
<i>Bible viewed by S. S. Foote
Clerk of the District Court</i> | Date issued
<i>no date</i> |
| | Date of Birth
<i>Jan. 5, 1895</i> | Birth Place
<i>Canyon County</i> | Full Name of Mother
<i>Canyon County</i> | Name of Father |

| | | | |
|--|--|--|------------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
<i>Michael F. Egan</i> | Date Filed
<i>Apr. 22, 1955</i> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

APR 22 1955



[The page contains numerous lines of text, many of which are heavily obscured by ink smudges, bleed-through from the reverse side, and other markings. The text is largely illegible.]

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **De55-432**
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|--------------------|--|---------------------------|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Julia Frances Smith</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Sept 18 1895</i> | |
| | 3. Color or Race
<i>W</i> | 4. Sex
<i>F</i> | 5. Place of Birth
<i>Idaho City Boise</i> | a. County
<i>Boise</i> | b. City or Town of Birth
<i>Idaho City</i> | |
| FATHER | 6. Full Name of Father
<i>Chas. Warren Smith</i> | | | | 7. State or Country of Father's Birth
<i>Maryland</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Julia C. Murnan</i> | | | | 9. State or Country of Mother's Birth
<i>Idaho</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Julia Frances Bailey</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Apr 23rd 1955</i> | | | | 11. Present Address of Registrant
<i>2820 Brewer, Boise Idaho</i> | |
| | | | | | 12. Signature of Notary
<i>[Signature]</i> | |
| | | | | | 13. Notary Commission expires
<i>1/1/58</i> 19__ | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|--|---|--|--|
| SUPPORTING
RECORD 1. | Type of Document
Certificate of Baptism | | By whom issued and signed
Roman Catholic Church | | Date issued
Baptized |
| | Date of Birth
Sept. 18, 1895 | | Full Name of Mother
Boise, Idaho | | Date Orig. Entry
Oct. 20, 1895 |
| Class* A | Birth Place
Idaho City, Idaho | | Full Name of Mother
Julia Murnan | | Name of Father
Charles Smith |
| SUPPORTING
RECORD 2. | Type of Document
Marriage Record | | By whom issued and signed
County Recorder, Ada County, Boise, Idaho | | Date issued
Feb. 16, 1922 |
| | Date of Birth
27 yrs old, Idaho City, | | Full Name of Mother
Idaho | | Date Orig. Entry
 |
| Class B | Birth Place
 | | Name of Father
 | | |
| SUPPORTING
RECORD 3. | Type of Document
 | | By whom issued and signed
 | | Date issued
 |
| | Date of Birth
 | | Full Name of Mother
 | | Date Orig. Entry
 |
| Class | Birth Place
 | | Name of Father
 | | |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
<i>[Signature]</i> | | Date Filed
May 2, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

| | | | | | | |
|---|---|-------------------------|---------------------------------------|-----------------------------|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name and Vital Statistics
Agnes Hart | | | | 2. Date (month) (day) (year)
Of Birth February 22 1895 | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth
Pocatello | a. County
Bannock | b. City or Town of Birth
Pocatello | |
| FATHER | 6. Full Name of Father
Charles Lincoln Hart | | | | 7. State or Country of Father's Birth
Newton, Iowa, U.S.A. | |
| MOTHER | 8. Full Maiden Name of Mother
Josephine Broderick (Kehse) | | | | 9. State or Country of Mother's Birth
Worcester, Massachusetts, USA | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Agnes Hart Wilson</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>May 12th</i> 19 55 | | | | 11. Present Address of Registrant
Sacramento, California
1350-42nd St. | |
| | 12. Signature of Notary
<i>Thomas P. Herian</i>
Notary Public in and for the County of _____ | | | | 13. Notary Commission expires
_____ 19 _____ | |

| | | | | | | |
|-----------------------------|---|----------------------------------|--|--|--|--|
| SUPPORTING RECORD 1- | Type of Document
Certificate of Baptism | | By whom issued and signed
St. Joseph, Pocatello
Idaho Roman Catholic | | Date issued
Baptized | Date Orig. Entry
Aug. 23, 1895 |
| | Date of Birth
Feb. 22, 1895, | Birth Place
Pocatello, | Full Name of Mother Church
Idaho Josephine Broderick | | Name of Father
Charles L. Hart | |
| SUPPORTING RECORD 2- | Type of Document
School Census | | By whom issued and signed
Bingham County
Clerk & Recorder | | Date issued
Census of | Date Orig. Entry
1910 |
| | Date of Birth
14 yrs old | Birth Place | Full Name of Mother | | Name of Father
Chas. Hart | |
| SUPPORTING RECORD 3- | Type of Document | | By whom issued and signed | | Date issued | Date Orig. Entry |
| | Date of Birth | Birth Place | Full Name of Mother | | Name of Father | |

| | | | |
|--|--|---|------------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
<i>W. W. Benson</i> | Date Filed*
May 16, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1. NAME OF CHILD: _____
 2. SEX: _____
 3. DATE OF BIRTH: _____
 4. TIME OF BIRTH: _____
 5. PLACE OF BIRTH: _____
 6. NAME OF FATHER: _____
 7. NAME OF MOTHER: _____
 8. STATE OF BIRTH: _____
 9. COUNTY OF BIRTH: _____
 10. CITY OR TOWN OF BIRTH: _____
 11. DATE OF REGISTRATION: _____
 12. SIGNATURE OF REGISTRAR: _____

13. SIGNATURE OF FATHER: _____
 14. SIGNATURE OF MOTHER: _____
 15. SIGNATURE OF REGISTRAR: _____
 16. DATE OF REGISTRATION: _____

17. NAME OF FATHER: _____
 18. NAME OF MOTHER: _____
 19. NAME OF REGISTRAR: _____
 20. DATE OF REGISTRATION: _____

21. NAME OF FATHER: _____
 22. NAME OF MOTHER: _____
 23. NAME OF REGISTRAR: _____
 24. DATE OF REGISTRATION: _____

25. NAME OF FATHER: _____
 26. NAME OF MOTHER: _____
 27. NAME OF REGISTRAR: _____
 28. DATE OF REGISTRATION: _____

29. NAME OF FATHER: _____
 30. NAME OF MOTHER: _____
 31. NAME OF REGISTRAR: _____
 32. DATE OF REGISTRATION: _____

| | | | | | | |
|--|---|----------------|--|--|--|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name of Birth
WOODRUFF BURTON WEAVER | | | 2. Date (month) (day) (year)
Of Birth October 18 1895 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
BENNINGTON Bear Lake | 6. City or Town of Birth
Bennington | | |
| FATHER | 6. Full Name of Father
Miles Joseph Weaver | | | 7. State or Country of Father's Birth
Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Anna Maria Lindsay | | | 9. State or Country of Mother's Birth
Idaho | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Woodruff Burton Weaver</i> | | 11. Present Address of Registrant
Idaho Falls, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
April 25 1955 | | | 12. Signature of Notary
<i>Edna Hamilton</i> | | 13. Notary Commission expires
June 1 19 55 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--------------------------------------|--|----------------------------------|--|--|---------------------------------------|---|
| SUPPORTING RECORD 1-

Class* B | Type of Document
School Census record | | By whom issued and signed
Auditor and Recorder of Fremont County, Idaho | | Date issued
12/13/54 | Date Orig. Entry
1905-1906 |
| | Date of Birth
10 yrs old | Birth Place | Full Name of Mother | | Name of Father | |
| SUPPORTING RECORD 2-

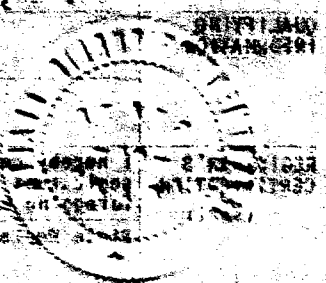
Class B | Type of Document
Affidavit by Aunt | | By whom issued and signed
Ida Rachel Weaver Haycock
Ida R. Haycock | | Date issued
Dec. 7, 1954 | Date Orig. Entry |
| | Date of Birth
Oct. 18, 1895 | Birth Place
Bennington, Idaho | Full Name of Mother
Anna Maria Lindsay | | Name of Father
Miles Joseph Weaver | |
| SUPPORTING RECORD 3-

Class B | Type of Document
Church record of birth | | By whom issued and signed
L. D. S. Church | | Date issued
6/6/55 | Date Orig. Entry
Entered on record Aug. 26, 1906 |
| | Date of Birth
Oct. 18, 1895 | Birth Place
Bear Lake Co. | Full Name of Mother
Annie M. Linday | | Name of Father
Miles J. Weaver | |
| QUALIFYING INFORMATION | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
Edna Hamilton | | | Date Filed
June 10, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1958 JUN 13

| | | | |
|---|--|---|--|
| 1. Name of child
WILLIAM E. HAYES | | 2. Date of birth
October 15, 1952 | |
| 3. Sex
Male | | 4. Race
White | |
| 5. Place of birth
Birmingham, Alabama | | 6. State of birth
Alabama | |
| 7. Name of father
WILLIAM E. HAYES | | 8. Name of mother
JANE M. HAYES | |
| 9. Date of father's birth
June 1, 1915 | | 10. Date of mother's birth
June 1, 1915 | |
| 11. Present address of child
1234 Main St., Birmingham, Alabama | | 12. Present address of father
1234 Main St., Birmingham, Alabama | |
| 13. Present address of mother
1234 Main St., Birmingham, Alabama | | 14. Signature of father
WILLIAM E. HAYES | |
| 15. Signature of mother
JANE M. HAYES | | 16. Signature of child
WILLIAM E. HAYES | |
| 17. Date of filing
June 13, 1958 | | 18. Date of recording
June 13, 1958 | |
| 19. Name of registrar
JANE M. HAYES | | 20. Name of recorder
JANE M. HAYES | |
| 21. Name of witness
JANE M. HAYES | | 22. Name of witness
JANE M. HAYES | |
| 23. Name of witness
JANE M. HAYES | | 24. Name of witness
JANE M. HAYES | |
| 25. Name of witness
JANE M. HAYES | | 26. Name of witness
JANE M. HAYES | |
| 27. Name of witness
JANE M. HAYES | | 28. Name of witness
JANE M. HAYES | |
| 29. Name of witness
JANE M. HAYES | | 30. Name of witness
JANE M. HAYES | |
| 31. Name of witness
JANE M. HAYES | | 32. Name of witness
JANE M. HAYES | |
| 33. Name of witness
JANE M. HAYES | | 34. Name of witness
JANE M. HAYES | |
| 35. Name of witness
JANE M. HAYES | | 36. Name of witness
JANE M. HAYES | |
| 37. Name of witness
JANE M. HAYES | | 38. Name of witness
JANE M. HAYES | |
| 39. Name of witness
JANE M. HAYES | | 40. Name of witness
JANE M. HAYES | |
| 41. Name of witness
JANE M. HAYES | | 42. Name of witness
JANE M. HAYES | |
| 43. Name of witness
JANE M. HAYES | | 44. Name of witness
JANE M. HAYES | |
| 45. Name of witness
JANE M. HAYES | | 46. Name of witness
JANE M. HAYES | |
| 47. Name of witness
JANE M. HAYES | | 48. Name of witness
JANE M. HAYES | |
| 49. Name of witness
JANE M. HAYES | | 50. Name of witness
JANE M. HAYES | |
| 51. Name of witness
JANE M. HAYES | | 52. Name of witness
JANE M. HAYES | |
| 53. Name of witness
JANE M. HAYES | | 54. Name of witness
JANE M. HAYES | |
| 55. Name of witness
JANE M. HAYES | | 56. Name of witness
JANE M. HAYES | |
| 57. Name of witness
JANE M. HAYES | | 58. Name of witness
JANE M. HAYES | |
| 59. Name of witness
JANE M. HAYES | | 60. Name of witness
JANE M. HAYES | |
| 61. Name of witness
JANE M. HAYES | | 62. Name of witness
JANE M. HAYES | |
| 63. Name of witness
JANE M. HAYES | | 64. Name of witness
JANE M. HAYES | |
| 65. Name of witness
JANE M. HAYES | | 66. Name of witness
JANE M. HAYES | |
| 67. Name of witness
JANE M. HAYES | | 68. Name of witness
JANE M. HAYES | |
| 69. Name of witness
JANE M. HAYES | | 70. Name of witness
JANE M. HAYES | |
| 71. Name of witness
JANE M. HAYES | | 72. Name of witness
JANE M. HAYES | |
| 73. Name of witness
JANE M. HAYES | | 74. Name of witness
JANE M. HAYES | |
| 75. Name of witness
JANE M. HAYES | | 76. Name of witness
JANE M. HAYES | |
| 77. Name of witness
JANE M. HAYES | | 78. Name of witness
JANE M. HAYES | |
| 79. Name of witness
JANE M. HAYES | | 80. Name of witness
JANE M. HAYES | |
| 81. Name of witness
JANE M. HAYES | | 82. Name of witness
JANE M. HAYES | |
| 83. Name of witness
JANE M. HAYES | | 84. Name of witness
JANE M. HAYES | |
| 85. Name of witness
JANE M. HAYES | | 86. Name of witness
JANE M. HAYES | |
| 87. Name of witness
JANE M. HAYES | | 88. Name of witness
JANE M. HAYES | |
| 89. Name of witness
JANE M. HAYES | | 90. Name of witness
JANE M. HAYES | |
| 91. Name of witness
JANE M. HAYES | | 92. Name of witness
JANE M. HAYES | |
| 93. Name of witness
JANE M. HAYES | | 94. Name of witness
JANE M. HAYES | |
| 95. Name of witness
JANE M. HAYES | | 96. Name of witness
JANE M. HAYES | |
| 97. Name of witness
JANE M. HAYES | | 98. Name of witness
JANE M. HAYES | |
| 99. Name of witness
JANE M. HAYES | | 100. Name of witness
JANE M. HAYES | |



| | | | | | | |
|--|---|--------------------|---|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name of Birth Statistics
MARIE VICTORIA PICHETTE | | | | 2. Date of Birth
November 5th, 1895 | |
| | 3. Color or Race
White | 4. Sex
F | 5. Place of Birth a. County
Coeur D'Olene Reservation | | b. City or Town of Birth
Idaho Benewah County, Desmet/ | |
| FATHER | 6. Full Name of Father
James Pichette | | | | 7. State or Country of Father's Birth
Oregon | |
| MOTHER | 8. Full Maiden Name of Mother
Flizabeth Dupree | | | | 9. State or Country of Mother's Birth
Oregon | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Marie Victoria Pichette</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
June 10th 1955 | | | | 11. Present Address of Registrant
Long Beach Cal
2138 Albury Ave., / | |
| | | | | | 12. Signature of Notary
<i>Hazel Dorothy Roth</i> | |
| | | | | | 13. Notary Commission expires
My Commission Expires June 28, 1958
19 | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|-------------------------------------|--|--|--|
| SUPPORTING
RECORD 1. | Type of Document
Certificate of Baptism | | By whom issued and signed
Sacred Heart Mission | | Date issued
3/8/55 |
| | Date of Birth
Nov. 5, 1895 | Birth Place
Coeur d'Alene | Full Name of Mother
Elizabeth Pichette | | Date Orig. Entry
Baptized on
Nov. 17, 1895 |
| SUPPORTING
RECORD 2. | Type of Document
Insurance policy record | | By whom issued and signed
Metropolitan Life Ins. Co. | | Date issued
Nov. 1, 1935 |
| | Date of Birth
39 years old | Birth Place
Idaho | Full Name of Mother | | Name of Father
James Pichette |
| SUPPORTING
RECORD 3. | Type of Document | | By whom issued and signed | | Date issued |
| | Date of Birth | Birth Place | Full Name of Mother | | Date Orig. Entry |
| QUALIFYING
INFORMATION | | | | | |
| | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
Edna Hamilton | | Date Filed
June 13, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

JUL 6 1955 STATE OF IDAHO

| | | | | | | |
|--|---|--------------------|---|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Myrtie Ruby Mortensen | | | 2. Date (month) (day) (year)
Of Birth January 2, 1895 | | |
| | 3. Color or Race
White | 4. Sex
F | 5. Place of Birth a. County
Madison | | b. City or Town of Birth
Salem | |
| FATHER | 6. Full Name of Father
Christensen Mortensen | | | 7. State or Country of Father's Birth
Denmark | | |
| MOTHER | 8. Full Maiden Name of Mother
Myrtie S. Valentine | | | 9. State or Country of Mother's Birth
Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Myrtie Ruby Mortensen</i> | | 11. Present Address of Registrant
Rexburg, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>July 1</i> 1955 | | | 12. Signature of Notary
<i>Mary Smith</i> | | 13. Notary Commission expires
<i>June 25</i> 1959 |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | |
|--|---|------------------------------------|--|--|--|---|
| SUPPORTING
RECORD 1. | Type of Document
Certificate of Blessing | | By whom issued and signed
L. D. S. Church | | Date issued
copy 6-12-55 | Date Orig. Entry
blessed Feb. 1, 1895 |
| | Date of Birth
Jan 2, 1895 | Birth Place
Salem, Idaho | Full Name of Mother
Myrtie S. Valentine | | Name of Father
Christensen Mortensen | |
| SUPPORTING
RECORD 2. | Type of Document
insurance application for policy | | By whom issued and signed
Kansas City Life Insurance Company | | Date issued | Date Orig. Entry
Jan. 12, 1942 |
| | Date of Birth
Jan 2, 1895 | Birth Place
Idaho | Full Name of Mother | | Name of Father | |
| SUPPORTING
RECORD 3. | Type of Document | | By whom issued and signed | | Date issued | Date Orig. Entry |
| | Date of Birth | Birth Place | Full Name of Mother | | Name of Father | |

| | | | |
|--|--|---|-----------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>1. J. Benson</i> | Evidence reviewed by
Betty Waller | Date Filed
July 6, 1955 |

* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF OHIO
DEPARTMENT OF BIRTH

STATE OF OHIO

State of Ohio
Department of Birth
Local No. 100
Date of Birth
1900

State of Ohio
Department of Birth
Local No. 100
Date of Birth
1900

| | | | | | | | | | | | | | | | | | | | |
|-----------------------|--|-----------------------------|--|---------------------------|--|----------------------------|--|--------------------------|--|-----------------------------|--|---------------------------|--|----------------------------|--|--------------------------|--|-----------------------------|--|
| 1. Name of Child | | 2. Sex | | 3. Date of Birth | | 4. Place of Birth | | 5. Name of Mother | | 6. Name of Father | | 7. Name of Registrar | | 8. Signature of Registrar | | 9. Date of Registration | | 10. Remarks | |
| John William | | Male | | July 10, 1900 | | Cincinnati, Ohio | | Mary Jane | | John William | | John William | | John William | | July 10, 1900 | | | |
| 11. Name of Mother | | 12. Name of Father | | 13. Name of Registrar | | 14. Signature of Registrar | | 15. Date of Registration | | 16. Remarks | | 17. Name of Registrar | | 18. Signature of Registrar | | 19. Date of Registration | | 20. Remarks | |
| Mary Jane | | John William | | John William | | John William | | July 10, 1900 | | | | John William | | John William | | July 10, 1900 | | | |
| 19. Name of Registrar | | 20. Signature of Registrar | | 21. Date of Registration | | 22. Remarks | | 23. Name of Registrar | | 24. Signature of Registrar | | 25. Date of Registration | | 26. Remarks | | 27. Name of Registrar | | 28. Signature of Registrar | |
| John William | | John William | | July 10, 1900 | | | | John William | | John William | | July 10, 1900 | | | | John William | | John William | |
| 29. Name of Registrar | | 30. Signature of Registrar | | 31. Date of Registration | | 32. Remarks | | 33. Name of Registrar | | 34. Signature of Registrar | | 35. Date of Registration | | 36. Remarks | | 37. Name of Registrar | | 38. Signature of Registrar | |
| John William | | John William | | July 10, 1900 | | | | John William | | John William | | July 10, 1900 | | | | John William | | John William | |
| 39. Name of Registrar | | 40. Signature of Registrar | | 41. Date of Registration | | 42. Remarks | | 43. Name of Registrar | | 44. Signature of Registrar | | 45. Date of Registration | | 46. Remarks | | 47. Name of Registrar | | 48. Signature of Registrar | |
| John William | | John William | | July 10, 1900 | | | | John William | | John William | | July 10, 1900 | | | | John William | | John William | |
| 49. Name of Registrar | | 50. Signature of Registrar | | 51. Date of Registration | | 52. Remarks | | 53. Name of Registrar | | 54. Signature of Registrar | | 55. Date of Registration | | 56. Remarks | | 57. Name of Registrar | | 58. Signature of Registrar | |
| John William | | John William | | July 10, 1900 | | | | John William | | John William | | July 10, 1900 | | | | John William | | John William | |
| 59. Name of Registrar | | 60. Signature of Registrar | | 61. Date of Registration | | 62. Remarks | | 63. Name of Registrar | | 64. Signature of Registrar | | 65. Date of Registration | | 66. Remarks | | 67. Name of Registrar | | 68. Signature of Registrar | |
| John William | | John William | | July 10, 1900 | | | | John William | | John William | | July 10, 1900 | | | | John William | | John William | |
| 69. Name of Registrar | | 70. Signature of Registrar | | 71. Date of Registration | | 72. Remarks | | 73. Name of Registrar | | 74. Signature of Registrar | | 75. Date of Registration | | 76. Remarks | | 77. Name of Registrar | | 78. Signature of Registrar | |
| John William | | John William | | July 10, 1900 | | | | John William | | John William | | July 10, 1900 | | | | John William | | John William | |
| 79. Name of Registrar | | 80. Signature of Registrar | | 81. Date of Registration | | 82. Remarks | | 83. Name of Registrar | | 84. Signature of Registrar | | 85. Date of Registration | | 86. Remarks | | 87. Name of Registrar | | 88. Signature of Registrar | |
| John William | | John William | | July 10, 1900 | | | | John William | | John William | | July 10, 1900 | | | | John William | | John William | |
| 89. Name of Registrar | | 90. Signature of Registrar | | 91. Date of Registration | | 92. Remarks | | 93. Name of Registrar | | 94. Signature of Registrar | | 95. Date of Registration | | 96. Remarks | | 97. Name of Registrar | | 98. Signature of Registrar | |
| John William | | John William | | July 10, 1900 | | | | John William | | John William | | July 10, 1900 | | | | John William | | John William | |
| 99. Name of Registrar | | 100. Signature of Registrar | | 101. Date of Registration | | 102. Remarks | | 103. Name of Registrar | | 104. Signature of Registrar | | 105. Date of Registration | | 106. Remarks | | 107. Name of Registrar | | 108. Signature of Registrar | |
| John William | | John William | | July 10, 1900 | | | | John William | | John William | | July 10, 1900 | | | | John William | | John William | |



DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-646
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|-------------------------|---------------------------------------|--|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
MARTHA IRENE STARKEY | | | | 2. Date (month) (day) (year)
Birth April 8 1895 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Bear Lake | | 6. City or Town of Birth
Bloomington | |
| FATHER | 6. Full Name of Father
James William Starkey | | | | 7. State or Country of Father's Birth
Illinois | |
| MOTHER | 8. Full Maiden Name of Mother
Rosabelle Osmond | | | | 9. State or Country of Mother's Birth
Idaho | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Martha Irene Starkey</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>July 7 1955</i> | | | | 11. Present Address of Registrant
<i>4553 Latona Ave
Seattle 5, Wn</i> | |
| | | | | | 12. Signature of Notary
<i>Thia R. Carroll</i> | |
| | | | | | 13. Notary Commission expires
<i>Boise, Idaho 4-5 1959</i> | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|---|---|---|--|---|
| SUPPORTING
RECORD 1 - | Type of Document
Affidavit by Father | | By whom issued and signed
James William Starkey | | Date issued
July 7, 1955 |
| | Date of Birth
April 8, 1895 | Birth Place
Bloomington, Ida. | Full Name of Mother
Rosabelle Osmond | | Name of Father
James William Starkey |
| SUPPORTING
RECORD 2 - | Type of Document
#70560
Child's Birth Certificate | | By whom issued and signed
Division of Vital Statistics
Boise, Idaho | | Date issued
date of birth July 15, 1919 |
| | Date of Birth
24 yrs. old | Birth Place
Bloomington, Ida. | Full Name of Mother | | Name of Father |
| SUPPORTING
RECORD 3 - | Type of Document
School Record | | By whom issued and signed
Boise Senior High School | | Date issued
7/6/55 |
| | Date of Birth
April 8, 1895 | Birth Place
Bloomington, Ida. | Full Name of Mother | | Name of Father
J. W. Starkey |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | | | | | |
| State Registrar
W. W. Benson | | | Evidence reviewed by
Joanne Hallstrom | | Date Filed
7/7/55 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DECEASED

STATE OF NEW YORK

JUL 1902

| | | | | | |
|---|--|---|--|---|--|
| <p>1. Name of Deceased
 JAMES EDWARD STOKES</p> | | <p>2. Place of Birth
 Boston, Mass.</p> | | <p>3. Date of Birth
 April 18, 1868</p> | |
| <p>4. Name of Father
 James Edward Stokes</p> | | <p>5. Name of Mother
 Mary Elizabeth Stokes</p> | | <p>6. Place of Residence at Date of Death
 111 West 11th St., New York City</p> | |
| <p>7. Date of Death
 July 1, 1902</p> | | <p>8. Cause of Death
 Heart Disease</p> | | <p>9. Place of Burial
 St. Patrick's Cemetery, New York City</p> | |
| <p>10. Name of Registrar
 J. W. H. H. H.</p> | | <p>11. Name of Witnesses
 J. W. H. H. H.</p> | | <p>12. Signature of Registrar
 J. W. H. H. H.</p> | |



| | | | | | | | |
|--|---|--------------------|---|--|--|--|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<i>Mary Evelyn Panter</i> | | | | 2. Date of Birth (month) (day) (year)
<i>Oct. 24 1895</i> | | |
| | 3. Color of Race
<i>White</i> | 4. Sex
<i>F</i> | 5. Place of Birth
<i>St. Anthony Ida Fremont</i> | | 6. City or Town of Birth
<i>St. Anthony Idaho</i> | | |
| FATHER | 6. Full Name of Father
<i>William Henry Panter</i> | | | | 7. State or Country of Father's Birth
<i>Idaho</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Esther Melissa Cahoon</i> | | | | 9. State or Country of Mother's Birth
<i>Utah</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Mary Evelyn Panter Johnson</i> | | 11. Present Address of Registrant
<i>5-29 to 3rd E Brigham city Utah</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>6/29 1955</i> | | | | 12. Signature of Notary
<i>J. Edwin Baird</i> | | 13. Notary Commission expires
<i>3/17 1957</i> |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | | |
|--|--|--|--|---|---|--|--|
| SUPPORTING RECORD 1- | Type of Document
<i>Baptismal Record</i> | | By whom issued and signed
<i>L. D. S. Church</i> | | Date issued
<i>6/13/55</i> | Date Orig. Entry
<i>Baptized on July 28, 1904</i> | |
| | Class* <i>B</i> | Date of Birth
<i>Oct. 24, 1895</i> | Birth Place
<i>Wilford (mail-St. Anthony) Fremont, Co. Ida.</i> | Full Name of Mother
<i>Esther Cahoon</i> | Name of Father
<i>William Panter</i> | | |
| SUPPORTING RECORD 2- | Type of Document
<i>Insurance Policy # 543378 MI</i> | | By whom issued and signed
<i>Metropolitan Life Ins. Co.</i> | | Date issued
<i>May 1, 1943</i> | Date Orig. Entry | |
| | Class <i>B</i> | Date of Birth
<i>48 yrs old next birthday</i> | Birth Place | Full Name of Mother | Name of Father | | |
| SUPPORTING RECORD 3- | Type of Document
<i>affidavit by friend of family</i> | | By whom issued and signed
<i>George L. Johnson</i> | | Date issued
<i>7-12-55</i> | Date Orig. Entry | |
| | Class <i>B</i> | Date of Birth
<i>Oct. 24, 1895</i> | Birth Place
<i>St. Anthony Idaho</i> | Full Name of Mother
<i>Esther Melissa Cahoon</i> | Name of Father
<i>William Henry Panter</i> | | |

| | | | |
|-------------------------------------|--|--|------------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. J. Benson</i> | Evidence reviewed by
<i>eh Betty Waller</i> | Date Filed
<i>July 15, 1955</i> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

DEATH CERTIFICATE OF MARY

SISTER OF JOHN

JUL 18 1954

| | | | |
|---|--|-----------------------------------|--|
| Name of Deceased
MARY SISTER OF JOHN | | Date of Death
JUL 18 1954 | |
| Place of Birth
[illegible] | | Date of Birth
[illegible] | |
| State or Country of Birth
[illegible] | | Name of Father
[illegible] | |
| State or Country of Residence at Death
[illegible] | | Name of Mother
[illegible] | |
| Address of Registrar
[illegible] | | Name of Registrar
[illegible] | |
| Name of Physician
[illegible] | | Name of Undertaker
[illegible] | |
| Date of Death
JUL 18 1954 | | Time of Death
[illegible] | |
| Cause of Death
[illegible] | | Manner of Death
[illegible] | |
| Name of Father
[illegible] | | Name of Mother
[illegible] | |
| Name of Registrar
[illegible] | | Name of Undertaker
[illegible] | |



This certificate is valid only if signed by the Registrar General or a duly authorized officer of the Registrar General. It is not valid if signed by any other person.

DATE OF DEATH: JUL 18 1954

| | | | | | |
|--|---|------------------|-----------------------------|--|-----------------------------------|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Name and Sex
Elva Elizabeth Bay | | | 2. Date of Birth
(month) March (day) 9 (year) 1895 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Idaho, | a. County
Ada Co. | b. City or Town of Birth
Boise |
| FATHER | 6. Full Name of Father
George W. Bay | | | 7. State or Country of Father's Birth
Iowa | |
| MOTHER | 8. Full Maiden Name of Mother
Anna May Buffenton | | | 9. State or Country of Mother's Birth
Iowa | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Elva E Bay Porto</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>June 27th</i> 19 <i>55</i> | | | 11. Present Address of Registrant
217 D St. Eureka, Cal | |
| | 12. Signature of Notary
<i>Anna L. Adams.</i> | | | 13. Notary Commission expires
<i>July 18.</i> 19 <i>58.</i> | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|---|--|--|--|--|
| SUPPORTING RECORD 1. | Type of Document
child's birth certificate | | By whom issued and signed
STATE OF IDAHO #12505 | | Date issued |
| | Date of Birth
17 years old | Birth Place
Idaho | Full Name of Mother | | Date Orig. Entry
child born Feb. 20, 1913 |
| Class* <u>B</u> | | | | | Name of Father |
| SUPPORTING RECORD 2. | Type of Document
affidavit by older sister | | By whom issued and signed
Mary A. Willhite | | Date issued
10-25-55 |
| | Date of Birth
March 9 1895 | Birth Place
Boise, Idaho Ada County | Full Name of Mother
Anna May Buffenton | | Date Orig. Entry |
| Class <u>B</u> | | | | | Name of Father
George W. Bay |
| SUPPORTING RECORD 3. | Type of Document
SOCIAL SECURITY RECORD | | By whom issued and signed
TREASURY DEPARTMENT
Internal Revenue Service | | Date issued |
| | Date of Birth
March 9 1896 | Birth Place
Boise, Idaho | Full Name of Mother
Anna May Buffington | | Date Orig. Entry
August 24 1937 |
| Class <u>B</u> | | | | | Name of Father
George Bay |

| | | | |
|-------------------------------------|--|---|--------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
bw Betty Waller | Date Filed
February 21 1956 |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1958-11-08

FEB 21 1968

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-10-2001 BY 60322
UCBAW

1. The first part of the document is a header section containing the following information:

- Page: 1
- Date: 10/10/1964
- Time: 10:10
- Location: 10:10
- Subject: 10:10

[illegible]

DATE OF BIRTH _____
PLACE OF BIRTH _____
TYPE OF DOCUMENT _____
SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____
PLACE OF BIRTH _____
TYPE OF DOCUMENT _____
SOCIAL SECURITY NUMBER _____

1960

1961

1962

1963

1964

1965

1966

1967

1968

1969

1970

1971

1972

1973

1974

1975

1976

1977

1978

1979

1980

1981

1982

1983

1984

1985

1986

1987

1988

1989

1990

1991

1992

1993

1994

1995

1996

1997

1998

1999

2000

2001

2002

2003

2004

2005

2006

2007

2008

2009

2010

2011

2012

2013

2014

2015

2016

2017

2018

2019

2020

2021

2022

2023

2024

2025

2026

2027

2028

2029

2030

2031

2032

2033

2034

2035

2036

2037

2038

2039

2040

2041

2042

2043

2044

2045

2046

2047

2048

2049

2050

2051

2052

2053

2054

2055

2056

2057

2058

2059

2060

2061

2062

2063

2064

2065

2066

2067

2068

2069

2070

2071

2072

2073

2074

2075

2076

2077

2078

2079

2080

2081

2082

2083

2084

2085

2086

2087

2088

2089

2090

2091

2092

2093

2094

2095

2096

2097

2098

2099

2100

2101

2102

2103

2104

2105

2106

2107

2108

2109

2110

2111

2112

2113

2114

2115

2116

2117

2118

2119

2120

2121

2122

2123

2124

2125

2126

2127

2128

2129

2130

2131

2132

2133

2134

2135

2136

2137

2138

2139

2140

2141

2142

2143

2144

2145

2146

2147

2148

2149

2150

2151

2152

2153

2154

2155

2156

2157

2158

2159

2160

2161

2162

2163

2164

2165

2166

2167

2168

2169

2170

2171

2172

2173

2174

2175

2176

2177

2178

2179

2180

2181

2182

2183

2184

2185

2186

2187

2188

2189

2190

2191

2192

2193

2194

2195

2196

2197

2198

2199

2200

2201

2202

2203

2204

2205

2206

2207

2208

2209

2210

2211

2212

2213

2214

2215

2216

2217

2218

2219

2220

2221

2222

2223

2224

2225

2226

2227

2228

2229

2230

2231

2232

2233

2234

2235

2236

2237

2238

2239

2240

2241

2242

2243

2244

2245

2246

2247

2248

2249

2250

2251

2252

2253

2254

2255

2256

2257

2258

2259

2260

2261

2262

2263

2264

2265

2266

2267

2268

2269

2270

2271

2272

2273

2274

2275

2276

2277

2278

2279

2280

2281

2282

2283

2284

2285

2286

2287

2288

2289

2290

2291

2292

2293

2294

2295

2296

2297

2298

2299

2300

2301

2302

2303

2304

2305

2306

2307

2308

2309

2310

2311

2312

2313

2314

2315

2316

2317

2318

2319

2320

2321

2322

2323

2324

2325

2326

2327

2328

2329

2330

2331

2332

2333

2334

2335

2336

2337

2338

2339

2340

2341

2342

2343

2344

2345

2346

2347

2348

2349

2350

2351

2352

2353

2354

2355

2356

2357

2358

2359

2360

2361

2362

2363

2364

2365

2366

2367

2368

2369

2370

2371

2372

2373

2374

2375

2376

2377

2378

2379

2380

2381

2382

2383

2384

2385

2386

2387

2388

2389

2390

2391

2392

2393

2394

2395

2396

2397

2398

2399

2400

2401

2402

2403

2404

2405

2406

2407

2408

2409

2410

2411

2412

2413

2414

| | | | | | | |
|--|---|-------------------------|--------------------------------------|---------------------------|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Maggie May Neville | | | | 2. Date (month) (day) (year)
Of Birth August 12 1895 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Hagerman | a. County
U S A | b. City or Town of Birth
Hagerman Idaho | |
| FATHER | 6. Full Name of Father
Henry Wayne Neville | | | | 7. State or Country of Father's Birth
Missouri | |
| MOTHER | 8. Full Maiden Name of Mother
Ella May Johnson | | | | 9. State or Country of Mother's Birth
Utah | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Maggie May Neville</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>August 3 19 55</i> | | | | 11. Present Address of Registrant
R 1 Box 250 Independence Oregon
12. Signature of Notary
<i>Marcella L. Coburn</i>
13. Notary Commission Expires
NOTARY PUBLIC FOR OREGON
My Commission Expires Oct. 7, 1958 | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|---------------------------------------|---|--|--|
| SUPPORTING RECORD 1-

Class* <u>A</u> | Type of Document
Bible Record | | By whom issued and signed
family Bible viewed by Robert N. Snyder, Notary Public, State of Washington | | Date Issued |
| | Date of Birth
August 12, 1895 | Birth Place
Hagerman, Idaho | Full Name of Mother
Ella Johnson | | Name of Father
Wayne Neville |
| SUPPORTING RECORD 2-

Class <u>B</u> | Type of Document
affidavit by mother | | By whom issued and signed
Ella Johnson Neville | | Date issued
7-14-55 |
| | Date of Birth
August 12, 1895 | Birth Place
Hagerman, Idaho | Full Name of Mother
Ella Johnson | | Name of Father
Wayne Neville |
| SUPPORTING RECORD 3-

Class _____ | Type of Document | | By whom issued and signed | | Date issued |
| | Date of Birth | Birth Place | Full Name of Mother | | Name of Father |

| | | | |
|----------------------------------|--|---|--------------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Betty Waller | Date Filed
August 15, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

U.S. DEPARTMENT OF JUSTICE

RECORDS SECTION

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

MISSOURI

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-809
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|-------------------------|---|--|---|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<u>Rita Orison</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>October 17 1895</u> | |
| | 3. Color or Race
<u>W.</u> | 4. Sex
<u>Female</u> | 5. Place of Birth
<u>Franklin, Idaho</u> | 6. City or Town of Birth
<u>Franklin, Idaho</u> | | |
| FATHER | 6. Full Name of Father
<u>Samuel David Orison</u> | | | | 7. State or Country of Father's Birth
<u>Nicholls Utah</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Rebecca Herd</u> | | | | 9. State or Country of Mother's Birth
<u>Salt Lake City Utah</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Rita Orison</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>1st August 1953</u> | | | | 11. Present Address of Registrant
<u>1860-50. Blvd. Franklin</u> | |
| | 12. Signature of Notary
<u>Thompson</u> | | | | 13. Notary Commission expires
<u>8-11-1954</u> | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|---|-----------------------------|---|--|------------------------------------|---|
| SUPPORTING RECORD 1. | Type of Document
<u>Birth Certificate</u> | | By whom issued and signed
<u>State of Idaho Bureau of Vital Statistics</u> | | Date issued
<u>No. 18, 1927</u> | Date Orig. Entry
<u>Dec. 4, 1917</u> |
| | #156480 of a son | | Full Name of Mother | | Name of Father | |
| Class <u>B</u> | Date of Birth
<u>22 yrs old</u> | Birth Place
<u>Idaho</u> | | | | |
| SUPPORTING RECORD 2. | Type of Document
<u>Insurance Policy #31 636 875</u> | | By whom issued and signed
<u>Metropolitan Life Insurance By F. R. Boyson, Asst. Sec.</u> | | Date issued
<u>5/15/53</u> | Date Orig. Entry
<u>Policy dated Mar. 14, 1921</u> |
| | Date of Birth
<u>Next birthday 26 yrs old</u> | | Full Name of Mother | | Name of Father | |
| Class <u>B</u> | Birth Place
<u>Franklin, Idaho</u> | | | | | |
| SUPPORTING RECORD 3. | Type of Document
<u>Affidavit for Marriage License</u> | | By whom issued and signed
<u>County Recorder-Bannock County C. W. Pomeroy</u> | | Date issued | Date Orig. Entry
<u>March 29, 1915</u> |
| | Date of Birth
<u>Age 19</u> | | Full Name of Mother | | Name of Father | |
| Class <u>B</u> | Birth Place | | | | | |

QUALIFYING INFORMATION
Baptismal Record - St. John's Episcopal Church, Idaho Falls, Idaho
issued May 1, 1955 Father: Samuel David Orison Mother: Rebecca Herd
Birthdate: Oct. 17, 1895

| | | | |
|-------------------------------------|--|---|-----------------------------|
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<u>W. W. Benson</u> | Evidence reviewed by
<u>Joyce B. Foltz</u> | Date Filed
<u>9-6-55</u> |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

SEP 6 1955

File in
Chalmers Bell
Bathman
Leisure Record
C. Bell
Bathman
Marriage Certificate

| | | | | | | |
|--|---|-----------------------|--|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name
<u>Walter George Holbrook</u> | | | 2. Date (month) (day) (year)
Of Birth <u>June 24 1895</u> | | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>male</u> | 5. Place of Birth a. County
<u>Blackfoot Idaho Bingham</u> b. City or Town of Birth
<u>Blackfoot</u> | | | |
| FATHER | 6. Full Name of Father
<u>Benjamin Walter Holbrook</u> | | | 7. State or Country of Father's Birth
<u>Indiana</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Alice Hopkins</u> | | | 9. State or Country of Mother's Birth
<u>Idaho</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<u>Walter Holbrook</u> | | 11. Present Address of Registrant
<u>3952 17th Avenue
Sacramento California</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>7th day of October 1955</u> | | | 12. Signature of Notary
<u>Lillian Thomas Stroud</u> | | 13. Notary Commission expires
<u>Dec 3rd 1955</u> |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | |
|--|--|---|--|--|---|---|
| SUPPORTING
RECORD 1. | Type of Document
<u>statement re
school record</u> | | By whom issued and signed
<u>BERKELEY BAPTIST DIVINITY
SCHOOL, Berkeley, Calif.</u> | | Date issued
<u>1-28-55</u> | Date Orig. Entry
<u>admitted
Aug. 20, 1923</u> |
| | Date of Birth
<u>June 24,
1895</u> | Birth Place
<u>Blackfoot, Idaho</u> | Full Name of Mother | | Name of Father | |
| Class* <u>B</u> | | | | | | |
| SUPPORTING
RECORD 2. | Type of Document
<u>affidavit by older sister</u> | | By whom issued and signed
<u>May I. Hamilton</u> | | Date issued
<u>9-21-55</u> | Date Orig. Entry |
| | Date of Birth
<u>June 24,
1895</u> | Birth Place | Full Name of Mother
<u>Alice, Holbrook</u> | | Name of Father | |
| Class <u>B</u> | | | | | | |
| SUPPORTING
RECORD 3. | Type of Document
<u>census record</u> | | By whom issued and signed
<u>DEPARTMENT OF COMMERCE
Bureau of the Census</u> | | Date issued
<u>9-27-55</u> | Date Orig. Entry
<u>Census of
1900, June 1</u> |
| | Date of Birth
<u>June, 1895</u> | Birth Place
<u>4 years old Idaho</u> | Full Name of Mother
<u>Alice Holbrook</u> | | Name of Father
<u>Benjamin W. Holbrook</u> | |
| Class <u>A</u> | | | | | | |
| QUALIFYING
INFORMATION | <u>insurance application SUN-LIFE ASSURANCE CO OF CANADA #1311104
dated July 21, 1931; shows date of birth, June 24, 1895 at Blackfoot,
Idaho</u> | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | State Registrar
<u>W. Benson</u> | | Evidence reviewed by
<u>Betty Waller</u> | |
| | | | | | Date Filed
<u>October 11,
1955</u> | |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

55-11-100

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL RECORDS

June 24 1900

Blackfoot Idaho
Blackfoot Idaho
Blackfoot Idaho

Idaho
2325 17th Avenue
Sacramento California
1900

1900

1900
1900
1900

1900
1900
1900

1900
1900
1900

1900
1900
1900

1900
1900
1900

1900
1900
1900

Blackfoot Idaho
Blackfoot Idaho
Blackfoot Idaho

Blackfoot Idaho
Blackfoot Idaho
Blackfoot Idaho

Blackfoot Idaho
Blackfoot Idaho
Blackfoot Idaho

Blackfoot Idaho
Blackfoot Idaho
Blackfoot Idaho

Blackfoot Idaho
Blackfoot Idaho
Blackfoot Idaho

Blackfoot Idaho
Blackfoot Idaho
Blackfoot Idaho

Blackfoot Idaho
Blackfoot Idaho
Blackfoot Idaho

Blackfoot Idaho
Blackfoot Idaho
Blackfoot Idaho

Blackfoot Idaho
Blackfoot Idaho
Blackfoot Idaho

Blackfoot Idaho
Blackfoot Idaho
Blackfoot Idaho

Blackfoot Idaho
Blackfoot Idaho
Blackfoot Idaho

Blackfoot Idaho
Blackfoot Idaho
Blackfoot Idaho

Blackfoot Idaho
Blackfoot Idaho
Blackfoot Idaho

Blackfoot Idaho
Blackfoot Idaho
Blackfoot Idaho

Blackfoot Idaho
Blackfoot Idaho
Blackfoot Idaho

Blackfoot Idaho
Blackfoot Idaho
Blackfoot Idaho

Blackfoot Idaho
Blackfoot Idaho
Blackfoot Idaho

Blackfoot Idaho
Blackfoot Idaho
Blackfoot Idaho

Blackfoot Idaho
Blackfoot Idaho
Blackfoot Idaho

Blackfoot Idaho
Blackfoot Idaho
Blackfoot Idaho

392-225-039-244 RECEIVED DELAYED CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics
Boise, Idaho

JUN 20 1955

STATE OF IDAHO

State File No. **De55-901**

Local Reg. No. _____

Reg. Dist. No. _____

Division of Vital Statistics

| | | | | |
|---|---|--------------------|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>Lula May Lish</u> | | 2. Date of Birth
(month) <u>May</u> (day) <u>25</u> (year) <u>1895</u> | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>F</u> | 5. Place of Birth
<u>Rockland</u> | a. County
<u>Power</u>
b. City or Town of Birth
<u>Rockland</u> |
| FATHER | 6. Full Name of Father
<u>Joseph Henry Lish</u> | | 7. State or Country of Father's Birth
<u>Iowa</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Eliza Budge</u> | | 9. State or Country of Mother's Birth
<u>Utah</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant
<u>Lula May Lish, Lewis</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>June 17</u> 19 <u>55</u> | | 11. Present Address of Registrant
<u>1655 So 5. Pocatello</u>
12. Signature of Notary
<u>Louis Holt</u>
13. Notary Commission expires
<u>June 18, 1959</u> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|-----------------------------|--|---|-------------------------------------|--|
| SUPPORTING RECORD 1. | Type of Document
<u>Affidavit by Mother</u> | By whom issued and signed
<u>Eliza Budge Lish</u> | Date issued
<u>June 17, 1955</u> | Date Orig. Entry
<u>June 17, 1955</u> |
| Class* <u>B</u> | Date of Birth
<u>May 25, 1895</u> | Birth Place
<u>Rockland, Idaho</u> | Full Name of Mother
_____ | Name of Father
_____ |
| SUPPORTING RECORD 2. | Type of Document
<u>Application for insurance</u> | By whom issued and signed
<u>Beneficial Hospital Plan</u> | Date issued
<u>Mar. 5, 1952</u> | Date Orig. Entry
<u>Mar. 5, 1952</u> |
| Class <u>B</u> | Date of Birth
<u>May 25, 1895</u> | Birth Place
_____ | Full Name of Mother
_____ | Name of Father
_____ |
| SUPPORTING RECORD 3. | Type of Document
<u>sales contract</u> | By whom issued and signed
<u>INTERMOUNTAIN ACCEPTANCE and FINANCE CO</u> | Date issued
<u>6-6-40</u> | Date Orig. Entry
_____ |
| Class <u>B</u> | Date of Birth
<u>45 years old</u> | Birth Place
_____ | Full Name of Mother
_____ | Name of Father
_____ |

QUALIFYING INFORMATION

| | | | |
|--|--|---|-------------------------------|
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing Abstract. | | |
| | State Registrar
<u>W Benson</u> | Evidence reviewed by
<u>Betty Waller</u> | Date Filed
<u>10-13-55</u> |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

CERTIFICATE OF BIRTH

STATE OF TEXAS

100-46-55

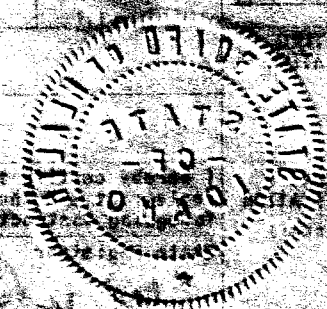
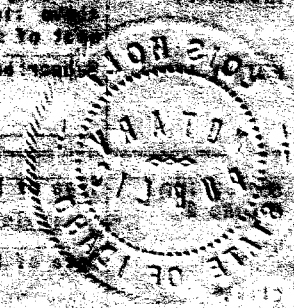
100-46-55
100-46-55
100-46-55

| | | | |
|---------------------------|-------------------|----------------------------|----------------------------|
| 1. Name of child at birth | 2. Sex of child | 3. Date of birth | 4. Place of birth |
| 5. Name of mother | 6. Name of father | 7. Name of mother at birth | 8. Name of father at birth |

| | | | |
|---------------------------|--------------------|-----------------------------|-----------------------------|
| 9. Name of child at birth | 10. Sex of child | 11. Date of birth | 12. Place of birth |
| 13. Name of mother | 14. Name of father | 15. Name of mother at birth | 16. Name of father at birth |

| | | | |
|----------------------------|--------------------|-----------------------------|-----------------------------|
| 17. Name of child at birth | 18. Sex of child | 19. Date of birth | 20. Place of birth |
| 21. Name of mother | 22. Name of father | 23. Name of mother at birth | 24. Name of father at birth |

| | | | |
|----------------------------|--------------------|-----------------------------|-----------------------------|
| 25. Name of child at birth | 26. Sex of child | 27. Date of birth | 28. Place of birth |
| 29. Name of mother | 30. Name of father | 31. Name of mother at birth | 32. Name of father at birth |



DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **De55-921**
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|---|---|-----------------------|-----------------------------------|---|--|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
THEODORE FALK | | | 2. Date (month) (day) (year)
Of Birth July 19 1895 | | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth
Idaho | a. County
Ada
b. City or Town of Birth
Boise | | |
| FATHER | 6. Full Name of Father
Nathan Falk | | | 7. State or Country of Father's Birth
Germany | | |
| MOTHER | 8. Full Maiden Name of Mother
Rosa Steinmeier | | | 9. State or Country of Mother's Birth
Germany | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Theodore Falk</i> | | 11. Present Address of Registrant
<i>Boise Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>October 17, 1955</i> | | | 12. Signature of Notary
<i>Thomas Falk</i> | | 13. Notary Commission expires
<i>11/1/ 1957</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-----------------------------|---|---|---|--|--------------------------------------|--|
| SUPPORTING RECORD 1. | Type of Document
affidavit by older brother | | By whom issued and signed
Ralph Falk | | Date issued
10-21-55 | Date Orig. Entry |
| | Date of Birth
July 19, 1895 | Birth Place
Boise, Idaho Ada County | Full Name of Mother
Rosa Falk | | Name of Father
Nathan Falk | |
| SUPPORTING RECORD 2. | Type of Document
insurance application | | By whom issued and signed
STANDARD INSURANCE CO. Portland, Oregon | | Date issued | Date Orig. Entry
March 27, 1931 |
| | Date of Birth
July 19, 1895 | Birth Place
Boise, Idaho | Full Name of Mother
#50642 | | Name of Father | |
| SUPPORTING RECORD 3. | Type of Document
military record | | By whom issued and signed
U. S. Army | | Date issued | Date Orig. Entry
October 1, 1917 |
| | Date of Birth
22 years old | Birth Place
Boise, Idaho | Full Name of Mother | | Name of Father
enlisted | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

| | | |
|--|---|---------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Betty Waller | Date Filed
October 24, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

124 654

OCT 27 1963

ALL INFORMATION CONTAINED

附註：(一) 本表係根據 1990 年 10 月 1 日之資料編製。

915

A circular library stamp from the University of Toronto Libraries. The text "UNIVERSITY OF TORONTO LIBRARIES" is arranged in a circle around the perimeter. In the center, the year "1971-72" is printed.

1-10-13

1950年

THE JOURNAL OF THE

THE UNIVERSITY OF CHICAGO

A circular postmark from the State of New York, dated 1870. The text "NEW YORK" is curved along the top inner edge, and "STATE OF NEW YORK" is curved along the bottom inner edge. The date "1870" is in the center, with "10" and "11" on either side of a central dash. The outermost ring of the postmark consists of small, repeating characters, likely "P" for postage.

10-10-68

1955

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 55-933

Local Reg. No. _____

Reg. Dist. No. _____

| | | | | |
|--|---|-------------------------|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
JESSIE CLEMENTINE SNODGRASS | | | Date of Birth
(month) (day) (year)
July 22 1895 |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth
Idaho Canyon | 6. City or Town of Birth
Caldwell |
| FATHER | 6. Full Name of Father
William Everett Snodgrass | | | 7. State or Country of Father's Birth
Missouri |
| MOTHER | 8. Full Maiden Name of Mother
Josephine Dungan | | | 9. State or Country of Mother's Birth
Missouri |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Jessie Clementine Shelton</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Oct 21</i> 19 <u>55</u> | | | 11. Present Address of Registrant
<i>833 Nowata Place</i>
12. Signature of Notary
<i>W. H. Hutton</i>
13. Notary Commission expires
<i>Jan 21</i> 19 <u>59</u> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

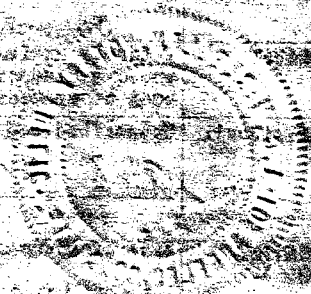
| | | | | | |
|-------------------------|---|---------------------------------------|--|--|--|
| SUPPORTING
RECORD 1- | Type of Document
family record sheet | | By whom issued and signed
photostatic copy viewed by this office | Date Issued | Date Orig. Entry
near time of birth |
| | Date of Birth
July 22, 1895 | Birth Place | Full Name of Mother
Josephine Snodgrass | Name of Father
William Everett | |
| SUPPORTING
RECORD 2- | Type of Document
daughter's birth certificate | | By whom issued and signed
STATE OF IDAHO #37930 | Date Issued | Date Orig. Entry
child born March 23, 1916 |
| | Date of Birth
20 years old | Birth Place
Caldwell, Idaho | Full Name of Mother | Name of Father | |
| SUPPORTING
RECORD 3- | Type of Document
Affidavit by Aunt | | By whom issued and signed
Anna Belle Moore | Date Issued
10-19-1955 | Date Orig. Entry |
| | Date of Birth
July 22, 1895 | Birth Place
Caldwell, Idaho | Full Name of Mother
Josephine Snodgrass | Name of Father
William Everett Snodgrass | |

QUALIFYING
INFORMATION

| | | | |
|--|--|--|------------------------------|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. H. Benson</i> | Evidence reviewed by
bw Betty Waller | Date Filed
11-1-55 |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

NOV 2 1955



DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1054
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | |
|--|---|--------------------|-------------------------------------|---|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
HAROLD ROBERT ANDERSEN | | | 2. Date (month) (day) (year)
Of SEPT 29 1895
Birth | |
| | 3. Color or Race
WHITE | 4. Sex
M | 5. Place of Birth
FREMONT | a. County
TETON CITY | |
| FATHER | 6. Full Name of Father
NEILS PETER ANDERSEN | | | 7. State or Country of Father's Birth
UTAH | |
| MOTHER | 8. Full Maiden Name of Mother
ELLEN BEVERAGE MC KINLEY | | | 9. State or Country of Mother's Birth
SCOTLAND | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Harold R Andersen</i> | 11. Present Address of Registrant
ARCO IDAHO. |
| NOTARY (Seal) | Subscribed and sworn to before me on
December 1, 19 55 | | | 12. Signature of Notary
<i>C. V. Boyatt</i> | 13. Notary Commission expires
September 1, 19 58. |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
|---|--|---|--|--|---|--|
| SUPPORTING RECORD 1. | Type of Document
military record | | By whom issued and signed
U. S. ARMY | | Date Issued | Date Orig. Entry
enlisted Oct. 2, 1917 |
| | Date of Birth
22 years old | Birth Place
Teton, Idaho | Full Name of Mother | | Name of Father | |
| SUPPORTING RECORD 2. | Type of Document
church record | | By whom issued and signed
L. D. S. CHURCH | | Date Issued
2-3-54 | Date Orig. Entry
baptized July 3, 1904 |
| | Date of Birth
September 29, 1895 | Birth Place
Teton, Idaho | Full Name of Mother
Ellen B. McKinley | | Name of Father
Neils Peter Andersen | |
| SUPPORTING RECORD 3. | Type of Document
affidavit by mother | | By whom issued and signed
Ellen Beverage McKinley Anderson | | Date issued
12-1-55 | Date Orig. Entry |
| | Date of Birth
September 29, 1895 | Birth Place
Teton City, Idaho | Full Name of Mother
Ellen Beverage McKinley | | Name of Father
Neils Peter Anderson | |
| QUALIFYING INFORMATION | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
Betty Waller | | Date Filed
December 5 1955 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

State of Illinois
County of Cook
City of Chicago

1. Name of child
2. Date of birth
3. Place of birth
4. Name of mother

5. Name of father
6. Name of mother at birth
7. Name of father at birth

8. Name of mother at birth
9. Name of father at birth
10. Name of mother at birth

11. Name of father at birth
12. Name of mother at birth
13. Name of father at birth

14. Name of mother at birth
15. Name of father at birth
16. Name of mother at birth

17. Name of father at birth
18. Name of mother at birth
19. Name of father at birth

20. Name of mother at birth
21. Name of father at birth
22. Name of mother at birth

23. Name of father at birth
24. Name of mother at birth
25. Name of father at birth

26. Name of mother at birth
27. Name of father at birth
28. Name of mother at birth

29. Name of father at birth
30. Name of mother at birth
31. Name of father at birth

32. Name of mother at birth
33. Name of father at birth
34. Name of mother at birth

35. Name of father at birth
36. Name of mother at birth
37. Name of father at birth

38. Name of mother at birth
39. Name of father at birth
40. Name of mother at birth

41. Name of father at birth
42. Name of mother at birth
43. Name of father at birth

44. Name of mother at birth
45. Name of father at birth
46. Name of mother at birth



Handwritten signature: Frank A. [illegible]

Handwritten signature: [illegible]

STATE OF IDAHO
RECEIVED

| | | | | | | | | |
|--|---|------------------|----------------------------|------------------------|---|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
MARGERY ALICE HANSEN | | | | 2. Date (month) (day) (year)
Of Birth March 28 1895 | | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Idaho | a. County
Bear Lake | b. City or Town of Birth
Bloomington | | | |
| FATHER | 6. Full Name of Father
John Hansen | | | | 7. State or Country of Father's Birth
Utah, Brigham City | | | |
| MOTHER | 8. Full Maiden Name of Mother
Alice Bateman | | | | 9. State or Country of Mother's Birth
England, Essex | | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
X <i>Margery Alice Hansen</i>
(Brigham) | | 11. Present Address of Registrant
Route 4
Idaho Falls, Idaho | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>February 15</i> 19 <i>55</i> | | | | 12. Signature of Notary
<i>Stanley C. ...</i> | | 13. Notary Commission expires
<i>Sept 1</i> 19 <i>57</i> | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|-------------|---|--|--------------------------------|
| SUPPORTING
RECORD 1- | Type of Document
Child's birth certificate | | By whom issued and signed
Division of Vital Statistics
Boise, Idaho #24486 | | Date Issued
3-14-1914 |
| | Date of Birth
19 yrs old, Idaho | Birth Place | Full Name of Mother | | Name of Father |
| SUPPORTING
RECORD 2- | Type of Document
Affidavit by mother | | By whom issued and signed
Alice E. Hansen | | Date issued
Mch 26, 1955 |
| | Date of Birth
Mch 28, 1895, Bloomington, Idaho | Birth Place | Full Name of Mother
Alice E. Hansen | | Name of Father |
| SUPPORTING
RECORD 3- | Type of Document
APPLICATION FOR INSURANCE
#120232 | | By whom issued and signed
AMERICAN NATIONAL INSURANCE
COMPANY, Galveston, Texas | | Date issued
November 8 1952 |
| | Date of Birth
March 28 1895 | Birth Place | Full Name of Mother | | Name of Father |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | | | | | |
| State Registrar
<i>W W Benson</i> | | | Evidence reviewed by
Betty Waller | | Date Filed
December 29 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF IDAHO
BIRTH CERTIFICATE

State File No. De56-064
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | | |
|---|---|-------------------------|--|--|---------------------------|--|--|--|
| REGISTRANT*
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<u>Marie Elizabeth Stirm</u> | | | | | 2. Date (month) (day) (year)
Of Birth <u>Dec 4 1895</u> | | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Female</u> | 5. Place of Birth
<u>Payette Canyon</u> | | a. County
<u>Idaho</u> | | | |
| FATHER | 6. Full Name of Father
<u>William F Stirm</u> | | | | | 7. State or Country of Father's Birth
<u>Iowa</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Veronica A. Popelka</u> | | | | | 9. State or Country of Mother's Birth
<u>Germany</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
<u>Marie E Moss</u> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>Nov. 18 1955</u> | | | | | 11. Present Address of Registrant
<u>Hines Oregon</u> | | |
| | 12. Signature of Notary
<u>[Signature]</u> | | | | | 13. Notary Commission expires
<u>1-9 1956</u> | | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|--|---|--|---|
| SUPPORTING RECORD 1. | Type of Document
<u>SON'S BIRTH CERTIFICATE</u> | | By whom issued and signed
<u>STATE OF IDAHO</u> | | Date issued |
| | Date of Birth
<u>32 years</u> | | Full Name of Mother
<u>#158152</u> | | Date Orig. Entry
<u>child born Dec. 26, 1927</u> |
| SUPPORTING RECORD 2. | Type of Document
<u>INSURANCE POLICY</u> | | By whom issued and signed
<u>ROYAL NEIGHBORS OF AMERICAN</u> | | Date issued |
| | Date of Birth
<u>40 years</u> | | Full Name of Mother
<u>#25530</u> | | Date Orig. Entry
<u>signed May 16, 1936</u> |
| SUPPORTING RECORD 3. | Type of Document
<u>AFFIDAVIT BY FRIEND OF FAMILY</u> | | By whom issued and signed
<u>George B. Coates</u> | | Date issued |
| | Date of Birth
<u>December 1895</u> | | Full Name of Mother
<u>Veronica A. Popelka</u> | | Date Orig. Entry
<u>12-28-55</u> |
| QUALIFYING INFORMATION | Birth Place
<u>Payette, Idaho</u> | | Name of Father
<u>William F. Stirm</u> | | |
| | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<u>W W Benson</u> | | Evidence reviewed by
<u>Betty Waller</u> | | Date Filed
<u>January 19 1956</u> |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

JAN 10 1936



NAME OF PARTY
DATE ISSUED
CLASS

NAME OF PARTY
DATE ISSUED
CLASS

NAME OF PARTY
DATE ISSUED
CLASS

NAME OF PARTY
DATE ISSUED
CLASS

NAME OF PARTY
DATE ISSUED
CLASS

NAME OF PARTY
DATE ISSUED
CLASS

NAME OF PARTY
DATE ISSUED
CLASS

NAME OF PARTY
DATE ISSUED
CLASS

NAME OF PARTY
DATE ISSUED
CLASS

NAME OF PARTY
DATE ISSUED
CLASS

NAME OF PARTY
DATE ISSUED
CLASS

NAME OF PARTY
DATE ISSUED
CLASS

NAME OF PARTY
DATE ISSUED
CLASS

NAME OF PARTY
DATE ISSUED
CLASS

NAME OF PARTY
DATE ISSUED
CLASS

NAME OF PARTY
DATE ISSUED
CLASS

NAME OF PARTY
DATE ISSUED
CLASS

NAME OF PARTY
DATE ISSUED
CLASS

NAME OF PARTY
DATE ISSUED
CLASS

NAME OF PARTY
DATE ISSUED
CLASS

NAME OF PARTY
DATE ISSUED
CLASS

NAME OF PARTY
DATE ISSUED
CLASS

NAME OF PARTY
DATE ISSUED
CLASS

NAME OF PARTY
DATE ISSUED
CLASS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-118
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|-------------------------|--|---|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Laura Clarissa Prosser</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>May 11 1895</u> | |
| | 3. Color or Race
<u>American</u> | 4. Sex
<u>Female</u> | 5. Place of Birth
<u>Boise, Idaho</u> | | 6. City or Town of Birth | |
| FATHER | 6. Full Name of Father
<u>Calvin Alvin Stinson Prosser</u> | | | | 7. State or Country of Father's Birth
<u>Canada</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Mary Clarissa Raymond</u> | | | | 9. State or Country of Mother's Birth
<u>Canada</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Laura P. Johnson</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>Jan 12 1956</u> | | | | 11. Present Address of Registrant
<u>1612 Barriollet Ave. Bellingham, Calif.</u> | |
| | | | | | 12. Signature of Notary
<u>Albert Attwater</u> | |
| | | | | 13. Notary Commission expires
<u>MAY 4, 1961</u> | | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|------------------------------------|---|--|--|
| SUPPORTING
RECORD 1. | Type of Document
<u>Affidavit by Neighbor</u> | | By whom issued and signed
<u>Carl Buhl, Notary Public</u> | | Date issued
<u>Jan. 31, 1956</u> |
| | Date of Birth
<u>May 11, 1895</u> | Birth Place
<u>Boise, Idaho</u> | Full Name of Mother
<u>Mrs. Alice Maberly</u> | | Date Orig. Entry
<u>Jan. 31, 1956</u> |
| SUPPORTING
RECORD 2. | Type of Document
<u>School Record</u> | | By whom issued and signed
<u>L. A. Wood, Principal</u> | | Date issued
<u>Jan. 18, 1956</u> |
| | Date of Birth
<u>May 11, 1895</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>Mrs. M. C. Prosser</u> | | Date Orig. Entry
<u>Sept. 4, 1913</u> |
| SUPPORTING
RECORD 3. | Type of Document
<u>Probate Court Record</u> | | By whom issued and signed
<u>John Jackson, Probate Judge</u> | | Date issued
<u>May 29, 1900</u> |
| | Date of Birth
<u>Age 5</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>Mary C. Prosser</u> | | Date Orig. Entry
<u>May 29, 1900</u> |
| Class <u>B</u> | | | | Name of Father
<u>C.A. S. Prosser</u> | |

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. W. Benson

Evidence reviewed by
Verna Reisch

Date Filed
Feb. 3, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

REF

SEP 29 1965



1997

Abstract

11

5-1-64

2014年12月10日

—

1990

8-92572-12
11-10-73

1944

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De56-173
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | |
|--|---|-----------------------|-----------------------------------|---------------------------|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
DICK GREEN | | | | 2. Date (month) (day) (year)
Of Birth OCTOBER 20 1895 | | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth
IDAHO | a. County
LATAH | b. City or Town of Birth
GENESEE | | |
| FATHER | 6. Full Name of Father
Joseph M. Green | | | | 7. State or Country of Father's Birth
Ohio | | |
| MOTHER | 8. Full Maiden Name of Mother
Alice Rogers | | | | 9. State or Country of Mother's Birth
Illinois | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Dick Green</i> | | 11. Present Address of Registrant
<i>Genesee, Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Feb. 13 1956</i> | | | | 12. Signature of Notary
<i>Donald E. Springer</i> | | 13. Notary Commission expires
<i>Aug 25 1957</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|---|-------------------------------------|--|-------------------------------|---|
| SUPPORTING
RECORD 1. | Type of Document
MILITARY RECORD | | By whom issued and signed
U. S. NAVY | Date issued
3-22-55 | Date Orig. Entry
enlisted
Dec. 13, 1917 |
| | Date of Birth
October 20 1895 | Birth Place
Genesee Idaho | Full Name of Mother | Name of Father | |
| SUPPORTING
RECORD 2. | Type of Document
APPLICATION FOR INSURANCE | | By whom issued and signed
IDAHO MUTUAL BENEFIT
ASSOCIATION | Date issued | Date Orig. Entry
December 10 1940 |
| | Date of Birth
October 20 1895 | Birth Place
Genesee Idaho | Full Name of Mother | Name of Father | |
| SUPPORTING
RECORD 3. | Type of Document
DAUGHTER'S BIRTH CERTIFICATE | | By whom issued and signed
STATE OF IDAHO
#117072 | Date issued | Date Orig. Entry
child born
Nov. 14, 1923 |
| | Date of Birth
28 years old | Birth Place
Idaho | Full Name of Mother | Name of Father | |

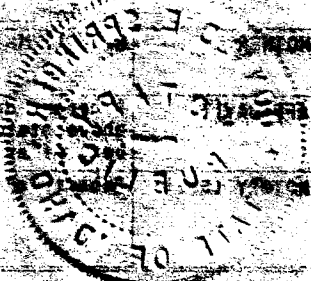
| | | | | |
|---------------------------|---------------------------|--|---------------------------|-------------------------------------|
| QUALIFYING
INFORMATION | AFFIDAVIT BY OLDER SISTER | | Ella Green Wishard | birth date: October 20, 1895 |
| | | | Genesee, Idaho | birthplace: Genesee, Idaho |
| | | parents names: Joseph M. Green
Alice Rogers Green | | |

| | | | |
|--|--|---|---------------------------------------|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Betty Waller | Date Filed
February 21 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF TEXAS
DECEASED CERTIFICATE OF BIRTH

FEB 21 1956



| | | | |
|------------------------|--|-------------------------------|--|
| Name of deceased | | Date of birth | |
| Sex | | Race | |
| Place of birth | | Date of death | |
| Cause of death | | Place of death | |
| Manner of death | | Date of burial | |
| Name of physician | | Name of funeral director | |
| Signature of physician | | Signature of funeral director | |
| Date of completion | | Date of filing | |

DELAYED CERTIFICATION OF BIRTH
 STATE OF IDAHO

State File No. De56-226
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | | |
|--|---|-------------------------|-----------------------------------|-------------------------------|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>AGNES FRANCIS FINDLAY</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>JULY</u> <u>22</u> <u>1895</u> | | |
| | 3. Color or Race
<u>white</u> | 4. Sex
<u>female</u> | 5. Place of Birth
<u>IDAHO</u> | a. County
<u>BEAR LAKE</u> | b. City or Town of Birth
<u>FISH HAVEN</u> | | |
| FATHER | 6. Full Name of Father
<u>George D. Findlay</u> | | | | 7. State or Country of Father's Birth
<u>Utah.</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Sarah Ella Howell</u> | | | | 9. State or Country of Mother's Birth
<u>Idaho.</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Agnes Francis Findlay.</u> | | 11. Present Address of Registrant
<u>237 Dewey St. Blackfoot Idaho.</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>March 1</u> 19 <u>56</u> | | | | 12. Signature of Notary
<u>Louis Felt</u> | | 13. Notary Commission expires
<u>Jan 27</u> 19 <u>58</u> |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | | |
|---|--|--|--|---|-------------------------------|--|--|
| SUPPORTING
RECORD 1. | Type of Document
<u>CHURCH RECORD</u> | | By whom issued and signed
<u>L.D.S. CHURCH</u>
<u>South Blackfoot</u> | | Date issued | Date Orig. Entry
<u>blessed</u>
<u>Aug. 7, 1895</u> | |
| | Class* <u>A</u> | Date of Birth
<u>July 22</u>
<u>1895</u> | Birth Place
<u>Fish Haven, Idaho</u>
<u>Bear Lake County</u> | Full Name of Mother
<u>Sarah Ella Howell</u> | | Name of Father
<u>George D. Findlay</u> | |
| SUPPORTING
RECORD 2. | Type of Document
<u>APPLICATION FOR INSURANCE</u> | | By whom issued and signed
<u>IDAHO MUTUAL BENEFIT ASSOCIATION</u>
<u>Boise, Idaho #23173</u> | | Date issued | Date Orig. Entry
<u>August 1</u>
<u>1937</u> | |
| | Class <u>B</u> | Date of Birth
<u>July 22</u>
<u>1895</u> | Birth Place
<u>Fish Haven</u>
<u>Idaho</u> | Full Name of Mother | | Name of Father | |
| SUPPORTING
RECORD 3. | Type of Document
<u>SON'S BIRTH CERTIFICATE</u> | | By whom issued and signed
<u>STATE OF IDAHO</u>
<u>#121710</u> | | Date issued
<u>9-11-42</u> | Date Orig. Entry
<u>child born</u>
<u>May 26, 1924</u> | |
| | Class <u>B</u> | Date of Birth
<u>28 years</u>
<u>old</u> | Birth Place
<u>Idaho</u> | Full Name of Mother | | Name of Father | |

| | | | |
|--|--|--|------------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<u>W. W. Benson</u> | Evidence reviewed by
<u>bw Betty Waller</u> | Date Filed
<u>March 5, 1956</u> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

MAR 6 1964

MAR 6 1968

State of New York
County of New York
In and for the City and County of New York
I, the undersigned, Clerk of the County of New York, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears from the records of the County of New York.

[illegible]

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 56-254
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|-----------------------|-----------------------------------|------------------------------|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
RALPH HARDEN BUCHANAN | | | | 2. Date (month) (day) (year)
Of Birth January 6 1895 | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth
Idaho | a. County
Shoshone | b. City or Town of Birth
Murray | |
| FATHER | 6. Full Name of Father
Virgil Allen Buchanan | | | | 7. State or Country of Father's Birth
Salom, Clark Co., Indiana | |
| MOTHER | 8. Full Maiden Name of Mother
Nannie Ora Hancock | | | | 9. State or Country of Mother's Birth
Tampico, Jackson Co., Ind. | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Ralph Harden Buchanan</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
October 7 1955 | | | | 11. Present Address of Registrant
<i>Montebello 625 E Victoria Ave Calif.</i> | |
| | | | | | 12. Signature of Notary
<i>Edward J Cotton</i> | |
| | | | | | 13. Notary Commission expires
My Commission Expires July 26, 1957 | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|---|---|--|--|
| SUPPORTING
RECORD 1- | Type of Document
affidavit by mother | | By whom issued and signed
Nannie O. Buchanan | | Date issued
4-10-52 |
| | Date of Birth
January 6, 1895 | Birth Place
Murray, Idaho Shoshone County | Full Name of Mother
Nannie Ora Hancock | | Name of Father
Virgil Allen Buchanan |
| SUPPORTING
RECORD 2- | Type of Document
APPLICATION FOR INSURANCE | | By whom issued and signed
PACIFIC MUTUAL LIFE INSURANCE COMPANY | | Date issued
dated May 14, 1949 |
| | Date of Birth
January 6, 1895 | Birth Place
Idaho | Full Name of Mother | | Name of Father |
| SUPPORTING
RECORD 3- | Type of Document
STATEMENT RE SCHOOL RECORD | | By whom issued and signed
COUNTY SUPERINTENDENT OF SCHOOLS, Flathead County | | Date issued
1911 |
| | Date of Birth
January 6, 1895 | Birth Place | Full Name of Mother
Montana Nannie O. Buchanan | | Name of Father
Virgil A. Buchanan |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. W. Seney</i> | | Evidence reviewed by
bw Betty Waller | | Date Filed
March 13, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

89-1017612

WTS: 100

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

MAR 13 1956

[illegible]

100-443882

STICK

1. The first of these is the fact that the
2. second of these is the fact that the
3. third of these is the fact that the
4. fourth of these is the fact that the
5. fifth of these is the fact that the
6. sixth of these is the fact that the
7. seventh of these is the fact that the
8. eighth of these is the fact that the
9. ninth of these is the fact that the
10. tenth of these is the fact that the



100-101-1

THE UNIVERSITY OF CHICAGO

Filing Date: 07/16/2019

10-10-68 10:10 AM 10:10 AM 10:10 AM

10-10-68

1978-1979

100

1942 07 01 10:00 AM

SECRET - EYES ONLY

1950

STATISTICS
E. J. HARRIS

23.12.4

Abstract

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

THE

2. The following information is being furnished to you for your information only. It is not to be used for any other purpose. It is not to be distributed outside your agency. It is not to be used for any other purpose. It is not to be distributed outside your agency. It is not to be used for any other purpose. It is not to be distributed outside your agency.

11-11-68

100

100-443887-1000

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. N.B.--In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

259-223-044-255

1. PLACE OF BIRTH
County of Washington
City of Weiser, Idaho
No. _____
Division of Vital Statistics

RECEIVED
MAR 27 1956
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. _____ State File No. De56-314

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Eloy Snider

3. Sex Female If plural births { 4. Twin, ~~triplet~~ or other _____ 5. Number, in order of birth 1st 6. Premature _____ Full term Yes 7. Legiti- mate? yes 8. Date of birth Aug 23, 1895 (Month, Day, Year)

9. Full name John Michael Snider FATHER
10. Residence (usual place of abode) Weiser, Idaho (If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 37 (years)
13. Birthplace (city or place) Indianapolis (State or Country) Indiana
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19____

18. Full maiden name Melissa Florence Benell MOTHER
19. Residence (usual place of abode) Weiser, Idaho (If non-resident, give place and State)
20. Color or race White 21. Age at last birthday 34 (years)
22. Birthplace (city or place) Rush (State or Country) Ill.
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother Five (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2 P.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) Joseph R. Remmers, M. D.
or _____ Midwife
Address Weiser, Ida. (near Boise, Ida)

Filed _____, 193____

W. W. Benson (Date of) _____ Registrar.

Registrar.

MAR 28 1960

DELAYED

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Do56-392
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|----------------|----------------------------|--|--|-----------------------------------|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Robert Colborn Moffitt | | | 2. Date (month) (day) (year)
4 25 1895 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Idaho | a. County
Shoshone | | |
| FATHER | 6. Full Name of Father
Edward Hazelton Moffitt | | | b. City or Town of Birth
Wallace | | |
| MOTHER | 8. Full Maiden Name of Mother
Effie Jane Colborn | | | 7. State or Country of Father's Birth
Pennsylvania | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Robert Colborn Moffitt</i> | | 11. Present Address of Registrant |
| | | | | 12. Signature of Notary
<i>Vivian B. Sporeshare</i> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
February 25, 19 56 | | | 13. Notary Commission expires
September 11, 19 57 | | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|---|--|--|---|--|-------------------------------------|--------------------------------------|
| SUPPORTING
RECORD 1-

Class* B | Type of Document
LODGE RECORD | | By whom issued and signed
ANCIENT ARABIC ORDER NOBLES
OF THE MYSTIC SHRINE * NILE | | Date issued | Date Orig. Entry
March 27
1922 |
| | Date of Birth
April 25
1895 | Birth Place
Wallace, Idaho
Shoshone County | Full Name of Mother
TEMPLE | | Name of Father | |
| SUPPORTING
RECORD 2-

Class B | Type of Document
PASSPORT | | By whom issued and signed
UNITED STATES OF AMERICA
DEPARTMENT OF STATE | | Date issued | Date Orig. Entry
March 6
1924 |
| | Date of Birth
April 25
1895 | Birth Place
Wallace
Idaho | Full Name of Mother | | Name of Father | |
| SUPPORTING
RECORD 3-

Class B | Type of Document
AFFIDAVIT BY UNCLE | | By whom issued and signed
D. C. McKISSICK
Wallace, Idaho | | Date issued
2-24-24 | Date Orig. Entry |
| | Date of Birth
April 25
1895 | Birth Place
Wallace
Idaho | Full Name of Mother
Effie Jane Moffitt | | Name of Father
Edward H. Moffitt | |

QUALIFYING
INFORMATION

| | | | |
|--|--|--------------------------------------|------------------------------|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W W Benson</i> | Evidence reviewed by
Betty Waller | Date Filed
April 12, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

842-221-206-385 DELAYED CERTIFICATE OF BIRTH
 Department of Public Health
 Division of Vital Statistics
 Boise, Idaho
 STATE OF IDAHO

State File No. De56-400
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | | |
|--|---|-------------------------|-------------------------------------|--|---|--|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<i>Blanche Octavia Huband</i> | | | | 2. Date of Birth
<i>May 21 1895</i> | | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>female</i> | 5. Place of Birth
<i>Bingham</i> | | b. City or Town of Birth
<i>Shelley Idaho</i> | | |
| FATHER | 6. Full Name of Father
<i>Heber Albert Huband</i> | | | | 7. State or Country of Father's Birth
<i>England</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Hattie Margaret Cheney</i> | | | | 9. State or Country of Mother's Birth
<i>Idaho</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Blanche H. Ellis</i> | | 11. Present Address of Registrant
<i>2698 N. 400 E. North Ogden Utah</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>March 20 1956</i> | | | | 12. Signature of Notary
<i>Colman J. Chandler</i> | | 13. Notary Commission expires
<i>My Commission Expires Aug. 8, 1959</i> |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | | |
|---|--|-------------------------------------|--|--|--------------------------------|---|--|
| SUPPORTING RECORD 1. | Type of Document
<i>CHURCH RECORD</i> | | By whom issued and signed
<i>L.D.S. CHURCH
Salt Lake City, Utah</i> | | Date issued
<i>11-29-55</i> | Date Orig. Entry
<i>baptized
Aug. 21, 1903</i> | |
| | Class* <i>B</i> | Date of Birth
<i>May 21 1895</i> | Birth Place
<i>Shelley, Idaho</i> | Full Name of Mother
<i>Hattie M. Cheney</i> | | Name of Father
<i>Heber A. Huband</i> | |
| SUPPORTING RECORD 2. | Type of Document
<i>AFFIDAVIT BY UNCLE</i> | | By whom issued and signed
<i>FRANK P. HUBAND</i> | | Date issued
<i>4-10-56</i> | Date Orig. Entry | |
| | Class <i>B</i> | Date of Birth
<i>May 21 1895</i> | Birth Place
<i>Shelley, Idaho</i> | Full Name of Mother
<i>Hattie Margaret Cheney</i> | | Name of Father
<i>Heber Albert Huband</i> | |
| SUPPORTING RECORD 3. | Type of Document
<i>APPLICATION FOR INSURANCE</i> | | By whom issued and signed
<i>BENEFICIAL LIFE INSURANCE CO. #80302</i> | | Date issued | Date Orig. Entry
<i>applied
March 3, 1928</i> | |
| | Class <i>B</i> | Date of Birth
<i>May 21 1895</i> | Birth Place
<i>Shelley Idaho</i> | Full Name of Mother | | Name of Father | |

| | | | |
|-------------------------------------|--|---|-------------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. Benson</i> | Evidence reviewed by
<i>Betty Waller</i> | Date Filed
<i>April 17, 1956</i> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000

100-225-1000



DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-441
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|--------------------|--|--|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Freda Maurine Augustine | | | | 2. Date (month) (day) (year)
Of Birth December 25, 1895 | |
| | 3. Color or Race
White | 4. Sex
F | 5. Place of Birth
(Westlake) Nez Perce | | 6. City or Town of Birth
Westlake | |
| FATHER | 6. Full Name of Father
Frederick Augustine | | | | 7. State or Country of Father's Birth
Germany | |
| MOTHER | 8. Full Maiden Name of Mother
Katharina Mayer | | | | 9. State or Country of Mother's Birth
Germany | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Freda Maurine Augustine</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
April 2 19 56 | | | | 11. Present Address of Registrant
1539 Portland Ave.,
Walla Walla, Washington | |
| | | | | | 12. Signature of Notary
<i>B. E. Mayfield</i> | |
| | | | | | 13. Notary Commission expires
February 26 19 58 | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|---|--|---|--|--|
| SUPPORTING
RECORD 1- | Type of Document
AFFIDAVIT BY NEIGHBOR OF
PARENTS | | By whom issued and signed
MRS. EMMA HARTMAN
Winchester, Idaho | | Date issued
4-6-56 |
| | Date of Birth
December 25 1895 | Birth Place
Westlake, Idaho
Nez Perce County | Full Name of Mother
Katharina Mayer Augustine | | Name of Father
Frederick Augustine |
| SUPPORTING
RECORD 2- | Type of Document
daughter's birth
certificate | | By whom issued and signed
State of Idaho
#151164 | | Date issued
3-7-52 |
| | Date of Birth
31 years
old | Birth Place
Westlake, Idaho
Nez Perce Co. | Full Name of Mother | | Date Orig. Entry
April 1 1927 |
| SUPPORTING
RECORD 3- | Type of Document
school record | | By whom issued and signed
Northern Idaho College
of Education, Lewiston
Idaho | | Date issued |
| | Date of Birth
December 25, 1895 | Birth Place
West Lake
Idaho | Full Name of Mother | | Date Orig. Entry
matriculated
1948 |

| | | | |
|--|--|---|------------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Betty Waller | Date Filed
April 30 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.



CONFIDENTIAL

SECRET (CONFIDENTIAL)

1. 1.000
 2. 1.000
 3. 1.000
 4. 1.000
 5. 1.000
 6. 1.000
 7. 1.000
 8. 1.000
 9. 1.000
 10. 1.000
 11. 1.000
 12. 1.000
 13. 1.000
 14. 1.000
 15. 1.000
 16. 1.000
 17. 1.000
 18. 1.000
 19. 1.000
 20. 1.000
 21. 1.000
 22. 1.000
 23. 1.000
 24. 1.000
 25. 1.000
 26. 1.000
 27. 1.000
 28. 1.000
 29. 1.000
 30. 1.000
 31. 1.000
 32. 1.000
 33. 1.000
 34. 1.000
 35. 1.000
 36. 1.000
 37. 1.000
 38. 1.000
 39. 1.000
 40. 1.000
 41. 1.000
 42. 1.000
 43. 1.000
 44. 1.000
 45. 1.000
 46. 1.000
 47. 1.000
 48. 1.000
 49. 1.000
 50. 1.000
 51. 1.000
 52. 1.000
 53. 1.000
 54. 1.000
 55. 1.000
 56. 1.000
 57. 1.000
 58. 1.000
 59. 1.000
 60. 1.000
 61. 1.000
 62. 1.000
 63. 1.000
 64. 1.000
 65. 1.000
 66. 1.000
 67. 1.000
 68. 1.000
 69. 1.000
 70. 1.000
 71. 1.000
 72. 1.000
 73. 1.000
 74. 1.000
 75. 1.000
 76. 1.000
 77. 1.000
 78. 1.000
 79. 1.000
 80. 1.000
 81. 1.000
 82. 1.000
 83. 1.000
 84. 1.000
 85. 1.000
 86. 1.000
 87. 1.000
 88. 1.000
 89. 1.000
 90. 1.000
 91. 1.000
 92. 1.000
 93. 1.000
 94. 1.000
 95. 1.000
 96. 1.000
 97. 1.000
 98. 1.000
 99. 1.000
 100. 1.000

1944-1945

7-10-64

SECRET

13-00000

[illegible]

Order Index

10-10-68

2014年12月

27-000000
2014-09-17

1-20-79 11:11 AM

1. Date: 1/21/193

Best: 10:

62-11144

322

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De56-558
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | |
|--|---|----------------|----------------------------|---------------------|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>SIDNEY DREW WILLIAMS</u> | | | | 2. Date
of Birth
AUGUST 17 1895 | | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth
IDAHO | a. County
OWYHEE | b. City or Town of Birth
DE LAMAR | | |
| FATHER | 6. Full Name of Father
Thomas Brown Williams | | | | 7. State or Country of Father's Birth
Newlyneast Cornwall, England | | |
| MOTHER | 8. Full Maiden Name of Mother
Julia Ann Drew | | | | 9. State or Country of Mother's Birth
Grass Valley, Nevada Co., Calif. | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Sidney Drew Williams</i> | | 11. Present Address of Registrant
695 Florence Street.
Daly City, California |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>7/28/56</u> 19 <u>56</u> | | | | 12. Signature of Notary
<i>Robert E. Hall</i> | | 13. Notary Commission expires
<u>0099</u> 19 <u>57</u> |

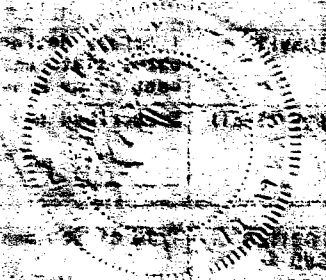
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | | |
|---|--|---------------------------------|--|--|---|--|--|
| SUPPORTING
RECORD 1. | Type of Document
census record | | By whom issued and signed
Department of Commerce
Bureau of the Census | | Date issued
3-30-56 | Date Orig. Entry
Census of 1900
June 1 | |
| | Date of Birth
August, 1895
4 years old | Birth Place
Idaho | Full Name of Mother
Julia Williams | | Name of Father
Thomas B. Williams | | |
| SUPPORTING
RECORD 2. | Type of Document
558-07-3541
application for Social
Security number | | By whom issued and signed
Treasury Department
Internal Revenue Service | | Date issued | Date Orig. Entry
applied
Dec. 1, 1936 | |
| | Date of Birth
August 17, 1895 | Birth Place
Delamar
Idaho | Full Name of Mother
Julia Anna Drew | | Name of Father
Thomas Brown Williams | | |
| SUPPORTING
RECORD 3. | Type of Document
statement re
church record | | By whom issued and signed
St. George's Church
DeLamar, Idaho | | Date issued
5-18-56 | Date Orig. Entry
baptized
May 6, 1896 | |
| | Date of Birth
August 17, 1895 | Birth Place
DeLamar
Idaho | Full Name of Mother
Julia Williams | | Name of Father
Thomas B. Williams | | |

| | | | |
|--|--|---|----------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. Benson</i> | Evidence reviewed by
bw Betty Waller | Date Filed
May 29, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DECEASED STATE OF CALIFORNIA
DECEASED STATE OF CALIFORNIA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|



| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|

Handwritten signature
[Illegible text]

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-585
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | | |
|--|---|-------------------------|------------------------------------|----------------------------|--|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Mary Elizabeth Epperson</u> | | | | 2. Date (month) (day) (year)
Birth <u>June</u> <u>7</u> <u>1895</u> | | | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Female</u> | 5. Place of Birth
<u>Elmore</u> | a. County
<u>Elmore</u> | b. City or Town of Birth
<u>Mountain Home</u> | | | |
| FATHER | 6. Full Name of Father
<u>Thomas C. Epperson</u> | | | | 7. State or Country of Father's Birth
<u>Tennessee</u> | | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Ida May Walker</u> | | | | 9. State or Country of Mother's Birth
<u>Idaho</u> | | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Mary Elizabeth Epperson</u> | | 11. Present Address of Registrant
<u>Mackay, Idaho</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>May 31</u> <u>1956</u> | | | | 12. Signature of Notary
<u>Wesley E. Epperson</u> | | 13. Notary Commission expires
<u>March 25</u> <u>1957</u> | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | | |
|---|--|---------------------------------------|---|--|---|---|--|
| SUPPORTING
RECORD 1. | Type of Document
<u>Child's birth certificate</u> | | By whom issued and signed
<u>Vital Statistics, Boise, Ida.</u>
<u>Idaho State File #61031</u> | | Date issued
<u>June 3, 1918</u> | Date Orig. Entry
<u>June 3, 1918</u> | |
| | Date of Birth
<u>Age 23</u> | Birth Place
<u>Idaho</u> | Full Name of Mother | | Name of Father | | |
| Class* <u>B</u> | | | | | | | |
| SUPPORTING
RECORD 2. | Type of Document
<u>Family Bible Record</u> | | By whom issued and signed
<u>Mother-Ida May Epperson</u> | | Date issued
<u>obviously old.</u> | Date Orig. Entry
<u>Viewed original in this off.</u> | |
| | Date of Birth
<u>June 7, 1895</u> | Birth Place
<u>Mt. Home, Idaho</u> | Full Name of Mother
<u>Ida May Walker</u> | | Name of Father
<u>Thomas C. Epperson</u> | | |
| Class <u>B</u> | | | | | | | |
| SUPPORTING
RECORD 3. | Type of Document
<u>Affidavit by Father</u> | | By whom issued and signed
<u>Thomas C. Epperson</u> | | Date issued
<u>May 31, 1956</u> | Date Orig. Entry
<u>May 31, 1956</u> | |
| | Date of Birth
<u>June 7, 1895</u> | Birth Place
<u>Mt. Home, Idaho</u> | Full Name of Mother
<u>Ida May Walker Epperson</u> | | Name of Father
<u>Thomas C. Epperson</u> | | |
| Class <u>B</u> | | | | | | | |
| QUALIFYING
INFORMATION | | | | | | | |
| | | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | | |
| | State Registrar
<u>W. E. Epperson</u> | | Evidence reviewed by
<u>Verna Reisch</u> | | | Date Filed
<u>May 31, 1956</u> | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De 56-591
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | | | |
|--|---|--------------------|------------------------------------|--|-----------------------------|---|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>Hazel Lucy Monson</u> | | | | | 2. Date (month) (day) (year)
Of Birth <u>Dec</u> <u>27</u> <u>1895</u> | | |
| | 3. Color or Race
<u>white</u> | 4. Sex
<u>f</u> | 5. Place of Birth
<u>Oneida</u> | | a. County
<u>Whitney</u> | b. City or Town of Birth | | |
| FATHER | 6. Full Name of Father
<u>Christian Monson</u> | | | | | 7. State or Country of Father's Birth
<u>Idaho</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Lovina Fanny Monson</u> | | | | | 9. State or Country of Mother's Birth
<u>England</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
<u>Hazel M. Koford</u> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>June 4</u> <u>1956</u> | | | | | 11. Present Address of Registrant | | |
| | | | | | | 12. Signature of Notary
<u>Neil Elson</u> | | |
| | | | | | | 13. Notary Commission expires
<u>3-25-1957</u> | | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|--|--------------------------------------|--|--|---|--|
| SUPPORTING RECORD 1. | Type of Document
<u>Insurance Policy</u> | | By whom issued and signed
<u>Gem State Mutual Life Assoc.</u> | | Date Issued
<u>Apr. 23, 1941</u> | Date Orig. Entry
<u>Apr. 23, 1941</u> |
| | Date of Birth
<u>Dec. 27, 1895</u> | Birth Place
<u>Whitney, Idaho</u> | Full Name of Mother | | Name of Father | |
| Class* <u>B</u> | | | | | | |
| SUPPORTING RECORD 2. | Type of Document
<u>Family Record</u> | | By whom issued and signed
<u>Mother-Lovina Monson</u> | | Date Issued
<u>Record obviously old.</u> | Date Orig. Entry
<u>Viewed original in this</u> |
| | Date of Birth
<u>Dec. 27, 1895</u> | Birth Place | Full Name of Mother
<u>Lovina Fanny Monson</u> | | Name of Father
<u>Christian Monson</u> | |
| Class <u>B</u> | | | | | | |
| SUPPORTING RECORD 3. | Type of Document
<u>Child's birth certificate</u> | | By whom issued and signed
<u>Bureau of Vital Statistics</u> | | Date Issued
<u>Aug. 12, 1927</u> | Date Orig. Entry
<u>Aug. 12, 1927</u> |
| | Date of Birth
<u>Age 31</u> | Birth Place
<u>Idaho</u> | Full Name of Mother | | Name of Father | |
| Class <u>B</u> | | | | | | |

| | | | |
|-------------------------------------|--|---|-----------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<u>W. B. Benson</u> | Evidence reviewed by
<u>Verna Reisch</u> | Date Filed
<u>June 4, 1956</u> |

* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

DELETED CERTIFICATE OF BIRTH

STATE OF TEXAS

JUN 5 1958

REGISTERED

REGISTERED

REGISTERED

REGISTERED

REGISTERED

REGISTERED

REGISTERED

REGISTERED

REGISTERED

REGISTERED

REGISTERED

REGISTERED

REGISTERED

DATE ISSUED
PLACE

NAME OF CHILD
PLACE

DATE ISSUED
PLACE

NAME OF CHILD
PLACE

DATE ISSUED
PLACE

NAME OF CHILD
PLACE

DATE ISSUED
PLACE

NAME OF CHILD
PLACE

DATE ISSUED
PLACE

NAME OF CHILD
PLACE

DATE ISSUED
PLACE

NAME OF CHILD
PLACE

DATE ISSUED
PLACE

NAME OF CHILD
PLACE

DATE ISSUED
PLACE

NAME OF CHILD
PLACE

DATE ISSUED
PLACE

NAME OF CHILD
PLACE

DATE ISSUED
PLACE

NAME OF CHILD
PLACE

DATE ISSUED
PLACE

NAME OF CHILD
PLACE

DATE ISSUED
PLACE

NAME OF CHILD
PLACE

DATE ISSUED
PLACE

NAME OF CHILD
PLACE

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-611
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | |
|--|---|-----------------------|-----------------------------------|---------------------------|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Norval Loris Elvin Parker | | | | 2. Date (month) (day) (year)
Of Birth January 20 1895 | | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth
Idaho | a. County
Latah | b. City or Town of Birth
Moscow | | |
| FATHER | 6. Full Name of Father
Elvin Parker | | | | 7. State or Country of Father's Birth
New York State | | |
| MOTHER | 8. Full Maiden Name of Mother
Annie Elizabeth Barns | | | | 9. State or Country of Mother's Birth
Burlington, Vermont | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Norval L. E. Parker</i> | | 11. Present Address of Registrant
709 Key Route Blvd.
Albany, California |
| NOTARY (Seal) | Subscribed and sworn to before me on
JUNE 8, 1956 | | | | 12. Signature of Notary
<i>William W. Luter</i> | | 13. Notary Commission expires
Feb. 16, 1957 |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | | |
|--|--|--|--|---|-------------------------------|--|--|
| SUPPORTING
RECORD 1. | Type of Document
employment record | | By whom issued and signed
Mare Island Naval Shipyard
Vallejo, California | | Date issued
5-31-56 | Date Orig. Entry
hired
Feb. 25, 1935 | |
| | Class* <u>B</u> | Date of Birth
January 20, 1895 | Birth Place
Moscow, Idaho | Full Name of Mother
Annie Elizabeth Barns | | Name of Father
Elvin E. Parker | |
| SUPPORTING
RECORD 2. | Type of Document
affidavit by mother | | By whom issued and signed
Annie E. Parker
Moscow, Idaho | | Date issued
6-30-54 | Date Orig. Entry
enlisted
April 30, 1918 | |
| | Class <u>B</u> | Date of Birth
January 20, 1895 | Birth Place
Moscow, Idaho
Latah County | Full Name of Mother
Annie Elizabeth Barns | | Name of Father
Elvin E. Parker | |
| SUPPORTING
RECORD 3. | Type of Document
military record | | By whom issued and signed
Army of the United States | | Date issued | Date Orig. Entry
enlisted
April 30, 1918 | |
| | Class <u>B</u> | Date of Birth
23 1/3
years old | Birth Place
Moscow
Idaho | Full Name of Mother | | Name of Father | |
| QUALIFYING
INFORMATION | | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | | | | | | | |
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | Evidence reviewed by
bw Betty Waller | | Date Filed
June 8, 1956 | |
| State Registrar
<i>W. W. Benson</i> | | | | | | | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1. 1980年12月1日

1990

[illegible][illegible]

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-631
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | |
|--|---|-----------------------|-------------------------------------|----------------------------|--------------------------|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Ernest Erich Asmussen</u> | | | | | 2. Date (month) (day) (year)
Of Birth <u>Oct</u> <u>4th</u> <u>1895</u> | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>male</u> | 5. Place of Birth
<u>Payette</u> | a. County
<u>Bonner</u> | b. City or Town of Birth | | |
| FATHER | 6. Full Name of Father
<u>Carl Friedrich Asmussen</u> | | | | | 7. State or Country of Father's Birth
<u>Germany</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Sophie I. Namanny</u> | | | | | 9. State or Country of Mother's Birth
<u>Germany</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
<u>Ernest E. Asmussen</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>Feb. 24</u> <u>1956</u> | | | | | 11. Present Address of Registrant
<u>Payette Idaho</u> | |
| | 12. Signature of Notary
<u>W R M Elue</u> | | | | | 13. Notary Commission expires
<u>July 5</u> <u>1956</u> | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
|---|--|----------------|---|--|-----------------------------|------------------|
| SUPPORTING
RECORD 1- | Type of Document | | By whom issued and signed | | Date issued | Date Orig. Entry |
| | Social Security Record | | Treasury Department
Internal Revenue Service | | 1-8-55 | 1-8-55 |
| Class* <u>B</u> | Date of Birth | Birth Place | Full Name of Mother | | Name of Father | |
| | Oct. 4-1895 | Payette, Idaho | Sophie I. Namanny | | Carl F. Asmussen | |
| SUPPORTING
RECORD 2- | Type of Document | | By whom issued and signed | | Date issued | Date Orig. Entry |
| | Insurance Policy | | Equitable Life Assurance | | Jan. 25, 1951 | |
| Class <u>B</u> | Date of Birth | Birth Place | Full Name of Mother | | Name of Father | |
| | Oct. 4, 1895 | Payette, Idaho | | | | |
| SUPPORTING
RECORD 3- | Type of Document | | By whom issued and signed | | Date issued | Date Orig. Entry |
| | Certificate of Baptism | | Luthern Church-German | | Sept. 18, 1898 | Sept. 18, 1898 |
| Class <u>A</u> | Date of Birth | Birth Place | Full Name of Mother | | Name of Father | |
| | Oct. 4, 1895 | Payette, Idaho | Sophie I. Namanny | | Carl F. Asmussen | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<u>W W Benson</u> | | Evidence reviewed by
Verna Reisch | | Date Filed
June 15, 1956 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

JUN 18 1934

RECEIVED
JUN 18 1934
OFFICE OF THE
SHERIFF

STATE OF CALIFORNIA
COUNTY OF [illegible]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

| | | | | | | | | |
|--|---|-------------------------|-----------------------------------|--|--|--|---|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Clarice Agatha Just | | | | 2. Date (month) (day) (year)
Of Birth April 9 1895 | | | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth
Idaho | | a. County
Bingham | | | b. City or Town of Birth
Presto |
| FATHER | 6. Full Name of Father
James Just | | | | 7. State or Country of Father's Birth
Idaho | | | |
| MOTHER | 8. Full Maiden Name of Mother
Crillia Eudora Carson | | | | 9. State or Country of Mother's Birth
Utah | | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Clarice J. Mattson</i> | | 11. Present Address of Registrant | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>June 15, 1956</i> | | | | 12. Signature of Notary
<i>William Lundberg</i> | | 13. Notary Commission expires
<i>Jan. 31, 1958</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|--|---|--|-------------------------------------|-------------------------|
| SUPPORTING
RECORD 1- | Type of Document
marriage license affidavit | | By whom issued and signed
State of Idaho | | Date Issued | Date Orig. Entry |
| | | | County of Bonneville | | | November 30 1929 |
| Class* <u>B</u> | Date of Birth
34 years old | Birth Place | Full Name of Mother | | Name of Father | |
| SUPPORTING
RECORD 2- | Type of Document
statement re school record | | By whom issued and signed
Bingham County | | Date issued | Date Orig. Entry |
| | | | Blackfoot, Idaho | | 3-3-56 | 1908 |
| Class <u>B</u> | Date of Birth
13 years old | Birth Place | Full Name of Mother
Crillia Just | | Name of Father
James Just | |
| SUPPORTING
RECORD 3- | Type of Document
affidavit by mother | | By whom issued and signed
Crillia E. Just | | Date issued | Date Orig. Entry |
| | | | Blackfoot, Idaho | | 3-26-56 | |
| Class <u>B</u> | Date of Birth
April 9 1895 | Birth Place
Presto, Idaho
Bingham County | Full Name of Mother
Crillia E. Just | | Name of Father
James Just | |

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| | | |
|--------------------------------------|--|------------------------------------|
| State Registrar
<i>W W Benson</i> | Evidence reviewed by
bw Betty Waller | Date Filed
June 19, 1956 |
|--------------------------------------|--|------------------------------------|

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

JUN 19 1950

| | | | |
|---|--|--|--|
| 1. Name of Person
2. Date of Birth
3. Place of Birth
4. State of Birth
5. State of Residence
6. State of County of Residence
7. Personal Address of Registrant
8. State's Commission Expires | | 9. Name of Person
10. Date of Birth
11. Place of Birth
12. State of Birth
13. State of Residence
14. State of County of Residence
15. Personal Address of Registrant
16. State's Commission Expires | |
|---|--|--|--|

| | | | |
|---|--|---|--|
| 17. Name of Person
18. Date of Birth
19. Place of Birth
20. State of Birth
21. State of Residence
22. State of County of Residence
23. Personal Address of Registrant
24. State's Commission Expires | | 25. Name of Person
26. Date of Birth
27. Place of Birth
28. State of Birth
29. State of Residence
30. State of County of Residence
31. Personal Address of Registrant
32. State's Commission Expires | |
|---|--|---|--|

| | | | |
|---|--|---|--|
| 33. Name of Person
34. Date of Birth
35. Place of Birth
36. State of Birth
37. State of Residence
38. State of County of Residence
39. Personal Address of Registrant
40. State's Commission Expires | | 41. Name of Person
42. Date of Birth
43. Place of Birth
44. State of Birth
45. State of Residence
46. State of County of Residence
47. Personal Address of Registrant
48. State's Commission Expires | |
|---|--|---|--|

DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De56-764
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | | | |
|--|---|--------------------|--|--|---|---|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<i>Hoffman James Nelson</i> | | | | | 2. Date (month) (day) (year)
<i>July 23 1895</i> | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>M</i> | 5. Place of Birth
<i>Idaho Nezperce</i> | | 6. City or Town of Birth
<i>Leland Idaho</i> | | | |
| FATHER | 6. Full Name of Father
<i>ROSS HOFFMAN</i> | | | | | 7. State or Country of Father's Birth
<i>Kansas</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Malinda Belle McCall</i> | | | | | 9. State or Country of Mother's Birth
<i>Iowa</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
<i>James Nelson Hoffman</i> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>July 24 1956</i> | | | | | 11. Present Address of Registrant
<i>85 Main St.
Roebling New Jersey</i> | | |
| | 12. Signature of Notary
<i>W. H. Teel</i> | | | | | 13. Notary Commission expires
<i>MY COMMISSION EXPIRES FEB. 1, 1957.</i> | | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|------------------------------------|---|---------------------------------------|--|
| SUPPORTING RECORD 1- | Type of Document
<i>census record</i> | | By whom issued and signed
<i>Department of Commerce
Bureau of the Census</i> | Date issued
<i>7-16-56</i> | Date Orig. Entry
<i>Census of 1900
June 1</i> |
| | Date of Birth
<i>July, 1895</i> | Birth Place
<i>Idaho</i> | Full Name of Mother
<i>Bell M. Hoffman</i> | Name of Father
<i>Ross Hoffman</i> | |
| SUPPORTING RECORD 2- | Type of Document
<i>affidavit by uncle</i> | | By whom issued and signed
<i>Charles Hoffman
Kendrick, Idaho</i> | Date issued
<i>7-6-56</i> | Date Orig. Entry |
| | Date of Birth
<i>July 23 1895</i> | Birth Place
<i>Leland Idaho</i> | Full Name of Mother | Name of Father | |
| SUPPORTING RECORD 3- | Type of Document
<i>family record</i> | | By whom issued and signed
<i>viewed by Glenn G. Farthing, Notary</i> | Date issued | Date Orig. Entry
<i>obviously old</i> |
| | Date of Birth
<i>July 23 1895</i> | Birth Place | Full Name of Mother
<i>Malinda Belle McCall</i> | Name of Father
<i>Ross Hoffman</i> | |
| QUALIFYING INFORMATION | military UNITED STATES ARMY inducted August 5, 1918 | | | | |
| | 23 years old birthplace: Leland, Idaho | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. H. Benson</i> | | Evidence reviewed by
<i>Betty Waller</i> | | Date Filed
<i>July 25, 1956</i> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

AUG 14 1934

OFFICE OF THE
SHERIFF



| RECORD 1 | | RECORD 2 | | RECORD 3 | | RECORD 4 | |
|----------------|--|----------------|--|----------------|--|----------------|--|
| Name of Person | | Name of Person | | Name of Person | | Name of Person | |
| Date of Birth | | Date of Birth | | Date of Birth | | Date of Birth | |
| Date of Death | | Date of Death | | Date of Death | | Date of Death | |
| Place of Birth | | Place of Birth | | Place of Birth | | Place of Birth | |
| Place of Death | | Place of Death | | Place of Death | | Place of Death | |
| Cause of Death | | Cause of Death | | Cause of Death | | Cause of Death | |
| Signature | | Signature | | Signature | | Signature | |

RECEIVED
OFFICE OF THE
SHERIFF

695-214-021-666 DELAYED CERTIFICATE OF BIRTH
 Department of Public Health
 Division of Vital Statistics
 Boise, Idaho
 STATE OF IDAHO

State File No. De56-829
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | |
|--|---|-------------------------|--|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<i>Barbara Jean Frew</i> | | | 2. Date (month) (day) (year)
<i>April 14 1895</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth (a. County)
<i>Franklin Idaho</i> | b. City or Town of Birth
<i>Franklin Idaho</i> | |
| FATHER | 6. Full Name of Father
<i>James Frew</i> | | | 7. State or Country of Father's Birth
<i>Highland Perthshire Scotland</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Ellen Woodward</i> | | | 9. State or Country of Mother's Birth
<i>Pleasant Grove Utah</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Barbara Jean Wagner</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>April 9 1956</i> | | | 11. Present Address of Registrant
<i>802 Damon Court Houston Texas</i> | |
| | | | | 12. Signature of Notary
<i>Carol Mann</i> | |
| | | | | 13. Notary Commission expires
<i>Dec 10 1956</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|----------------------|--|---------------------------------------|---|---|--|
| SUPPORTING RECORD 1. | Type of Document
<i>affidavit by older sister</i> | | By whom issued and signed
<i>Mabel Frew Whittle</i> | Date issued
<i>5-7-56</i> | Date Orig. Entry |
| | Date of Birth
<i>April 14 1895</i> | Birth Place
<i>Franklin Idaho</i> | Full Name of Mother
<i>Ellen Woodward</i> | Name of Father
<i>James Frew</i> | |
| SUPPORTING RECORD 2. | Type of Document
<i>Family Bible</i> | | By whom issued and signed
<i>Ellen Woodward Frew</i> | Date issued
<i>Notarized Obviously</i> | Date Orig. Entry
<i>statement. old.</i> |
| | Date of Birth
<i>April 14, 1895</i> | Birth Place
<i>Franklin, Idaho</i> | Full Name of Mother
<i>Ellen Woodward Frew</i> | Name of Father
<i>James Frew</i> | |
| SUPPORTING RECORD 3. | Type of Document
<i>Child's birth certificate</i> | | By whom issued and signed
<i>Vital Statistics, Boise, Ida.</i> | Date issued
<i>January 1, 1913</i> | Date Orig. Entry |
| | Date of Birth
<i>Age 17</i> | Birth Place
<i>Franklin, Idaho</i> | Full Name of Mother | Name of Father | |

| | | | |
|----------------------------------|--|--|--------------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W W Benson</i> | Evidence reviewed by
<i>bw Verna Reisch</i> | Date Filed
<i>August 14, 1956</i> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

AUG 16 1956

| | | | | | |
|-----------------------|--|---------------------|--|-----------------------|--|
| Name of Prisoner | | Date of Birth | | Date of Admission | |
| John Doe | | 1-1-20 | | 8-1-56 | |
| Room of Prisoner | | Block | | Institution | |
| 101 | | A | | Ft. Leavenworth | |
| Classification | | Grade | | Status | |
| C | | 1 | | Inmate | |
| Remarks | | Medical | | Dental | |
| None | | None | | None | |
| Signature of Prisoner | | Signature of Warden | | Signature of Prisoner | |
| [Signature] | | [Signature] | | [Signature] | |
| Date of Signature | | Date of Signature | | Date of Signature | |
| 8-1-56 | | 8-1-56 | | 8-1-56 | |

| | | | | | |
|-----------------------|--|---------------------|--|-----------------------|--|
| Name of Prisoner | | Date of Birth | | Date of Admission | |
| John Doe | | 1-1-20 | | 8-1-56 | |
| Room of Prisoner | | Block | | Institution | |
| 101 | | A | | Ft. Leavenworth | |
| Classification | | Grade | | Status | |
| C | | 1 | | Inmate | |
| Remarks | | Medical | | Dental | |
| None | | None | | None | |
| Signature of Prisoner | | Signature of Warden | | Signature of Prisoner | |
| [Signature] | | [Signature] | | [Signature] | |
| Date of Signature | | Date of Signature | | Date of Signature | |
| 8-1-56 | | 8-1-56 | | 8-1-56 | |

| | | | | | |
|-----------------------|--|---------------------|--|-----------------------|--|
| Name of Prisoner | | Date of Birth | | Date of Admission | |
| John Doe | | 1-1-20 | | 8-1-56 | |
| Room of Prisoner | | Block | | Institution | |
| 101 | | A | | Ft. Leavenworth | |
| Classification | | Grade | | Status | |
| C | | 1 | | Inmate | |
| Remarks | | Medical | | Dental | |
| None | | None | | None | |
| Signature of Prisoner | | Signature of Warden | | Signature of Prisoner | |
| [Signature] | | [Signature] | | [Signature] | |
| Date of Signature | | Date of Signature | | Date of Signature | |
| 8-1-56 | | 8-1-56 | | 8-1-56 | |

393-213-025-2581
 DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO
 Department of Public Health
 Division of Vital Statistics
 Boise, Idaho

State File No. De56-882
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | | | |
|--|---|-------------------------|--|--|--|---|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>Ruth Elizabeth Litchfield</u> | | | | | 2. Date of Birth (month) (day) (year)
<u>July 13, 1895</u> | | |
| | 3. Color or Race
<u>white</u> | 4. Sex
<u>female</u> | 5. Place of Birth
<u>Elk City Idaho</u> | | 6. City or Town of Birth
<u>Elk City, Idaho</u> | | | |
| FATHER | 6. Full Name of Father
<u>John Charles Litchfield</u> | | | | | 7. State or Country of Father's Birth
<u>England</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Sarah Elizabeth Smith</u> | | | | | 9. State or Country of Mother's Birth
<u>California, U.S.A.</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
<u>Ruth Elizabeth Litchfield</u> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>August 8 1956</u> | | | | | 11. Present Address of Registrant
<u>712 N.E. 72, Portland, Oregon</u> | | |
| | | | | | | 12. Signature of Notary
<u>H. C. MacGregor</u> | | |
| | | | | | | 13. Notary Commission expires
<u>October 1 1958</u> | | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|---------------------------------------|---|--|---|
| SUPPORTING RECORD 1.

Class <u>B</u> | Type of Document
<u>Family Bible</u> | | By whom issued and signed
<u>Sarah Elizabeth Litchfield</u> | | Date issued
<u>July 27, 1956</u> |
| | Date of Birth
<u>July 13, 1895</u> | Birth Place
<u>Elk City, Idaho</u> | Full Name of Mother
<u>Sarah E. Litchfield</u> | | Name of Father
<u>J. C. Litchfield</u> |
| SUPPORTING RECORD 2.

Class <u>B</u> | Type of Document
<u>Affidavit by friend</u> | | By whom issued and signed
<u>Edward Vincent</u> | | Date issued
<u>July 27, 1956</u> |
| | Date of Birth
<u>July 13, 1895</u> | Birth Place
<u>Elk City, Idaho</u> | Full Name of Mother
<u>Sarah E. Litchfield</u> | | Name of Father
<u>J. C. Litchfield</u> |
| SUPPORTING RECORD 3.

Class <u>A</u> | Type of Document
<u>Newspaper Notice</u> | | By whom issued and signed
<u>Grangeville, Ida. Idaho County Free Press</u> | | Date issued
<u>July 27, 1956</u> |
| | Date of Birth
<u>July 13, 1895</u> | Birth Place
<u>Elk City, Idaho</u> | Full Name of Mother
<u>J. C. Litchfield</u> | | Date Orig. Entry
<u>July 19, 1895</u> |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<u>W W Benson</u> | | Evidence reviewed by
<u>Verna Reisch</u> | | Date Filed
<u>August 27, 1956</u> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF INVESTIGATION

AUG 27 1936

1. Name of Person: [illegible]
2. Date of Birth: [illegible]
3. Place of Birth: [illegible]
4. Sex: [illegible]
5. Height: [illegible]
6. Weight: [illegible]
7. Color of Hair: [illegible]
8. Color of Eyes: [illegible]
9. Color of Skin: [illegible]
10. Occupation: [illegible]
11. Education: [illegible]
12. Previous Record: [illegible]
13. Signature: [illegible]
14. Date: [illegible]

15. Name of Person: [illegible]
16. Date of Birth: [illegible]
17. Place of Birth: [illegible]
18. Sex: [illegible]
19. Height: [illegible]
20. Weight: [illegible]
21. Color of Hair: [illegible]
22. Color of Eyes: [illegible]
23. Color of Skin: [illegible]
24. Occupation: [illegible]
25. Education: [illegible]
26. Previous Record: [illegible]
27. Signature: [illegible]
28. Date: [illegible]

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-896
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|--------------------|---|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Naomi Starr</u> | | | 2. Date (month) (day) (year)
Of Birth <u>December</u> <u>17th</u> <u>1895</u> | | |
| | 3. Color or Race
<u>W</u> | 4. Sex
<u>F</u> | 5. Place of Birth a. County
<u>Ada</u> | b. City or Town of Birth
<u>Meridian</u> | | |
| FATHER | 6. Full Name of Father
<u>Jarrett Starr</u> | | | 7. State or Country of Father's Birth
<u>Missouri</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Matilda Starr</u> | | | 9. State or Country of Mother's Birth
<u>England</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<u>Naomi Starr Carpenter</u> | | 11. Present Address of Registrant
<u>Eagle Idaho</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>August 16th, 19 56</u> | | | 12. Signature of Notary
<u>Walter Frazier</u> | | 13. Notary Commission expires
<u>January 18th 19 60</u> |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|---------------------------------------|--|--|--|
| SUPPORTING
RECORD 1. | Type of Document
<u>Child's birth certificate</u> | | By whom issued and signed
<u>Boise, Idaho</u> | | Date issued
<u>May 14, 1924</u> |
| | Date of Birth
<u>Age 28</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>Idaho File #121664</u> | | Date Orig. Entry
<u>May 14, 1924</u> |
| Class* <u>B</u> | | | | | |
| SUPPORTING
RECORD 2. | Type of Document
<u>Affidavit by cousin</u> | | By whom issued and signed
<u>Mrs. Meda Whiteley</u> | | Date issued
<u>August 16, 1956</u> |
| | Date of Birth
<u>December 17, 1895</u> | Birth Place
<u>Meridian, Idaho</u> | Full Name of Mother
<u>Matilda Starr</u> | | Date Orig. Entry
<u>August 16, 1956</u> |
| Class <u>B</u> | | | | | |
| SUPPORTING
RECORD 3. | Type of Document
<u>Lodge Record</u> | | By whom issued and signed
<u>Eagle, Idaho</u> | | Date issued
<u>Aug. 27, 56</u> |
| | Date of Birth
<u>Age 47</u> | Birth Place | Full Name of Mother
<u>Carpenter Rebekah</u> | | Date Orig. Entry
<u>March 9, 1943</u> |
| Class <u>B</u> | | | | | |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<u>W. Benson</u> | | Evidence reviewed by
<u>Verna Reisch</u> | | Date Filed
<u>August 31, 1956</u> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
AUG 14 1934



| | | | |
|---------------------------------------|--|---------------------------------------|--|
| 1. Name of child at birth | | 2. Name of father | |
| 3. Name of mother | | 4. Date of birth | |
| 5. Place of birth | | 6. Sex | |
| 7. State or country of father's birth | | 8. State or country of mother's birth | |
| 9. Present address of registrant | | 10. Signature of registrant | |
| 11. Name of child | | 12. Date of birth | |
| 13. Name of father | | 14. Name of mother | |
| 15. Date of birth | | 16. Sex | |

| | | | |
|--------------------|--|--------------------|--|
| 17. Date issued | | 18. Date of birth | |
| 19. Name of father | | 20. Name of mother | |
| 21. Date issued | | 22. Date of birth | |
| 23. Name of father | | 24. Name of mother | |
| 25. Date issued | | 26. Date of birth | |
| 27. Name of father | | 28. Name of mother | |

| | | | |
|--------------------|--|--------------------|--|
| 29. Date issued | | 30. Date of birth | |
| 31. Name of father | | 32. Name of mother | |
| 33. Date issued | | 34. Date of birth | |
| 35. Name of father | | 36. Name of mother | |
| 37. Date issued | | 38. Date of birth | |
| 39. Name of father | | 40. Name of mother | |

261-1510-030-261 DELAYED CERTIFICATE OF BIRTH
 Department of Public Health
 Division of Vital Statistics
 Boise, Idaho
 STATE OF IDAHO

State File No. De56-923

Local Reg. No. _____

Reg. Dist. No. _____

| | | | | | | | | |
|--|---|--------------|----------------------------|--|---|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Blanche Nellie Swanson | | | | 2. Date (month) (day) (year)
Jan. 10 1895 | | | |
| | 3. Color or Race
White | 4. Sex
F. | 5. Place of Birth
Lemhi | | 6. City or Town of Birth
Lost River | | | |
| FATHER | 6. Full Name of Father
Nicholas Swanson | | | | 7. State or Country of Father's Birth
Sweden | | | |
| MOTHER | 8. Full Maiden Name of Mother
Laura C. Swanson | | | | 9. State or Country of Mother's Birth
Sweden | | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Blanche Nellie Swanson</i> (Darling) | | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
September 6 1956 | | | | 11. Present Address of Registrant
914 Beryl Street
San Diego 9, Calif.
12. Signature of Notary
<i>Peter Doyle</i>
13. Notary Commission expires
May 18 1958 | | | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | | |
|--|--|---------------------------------|--|--|------------------------------------|---------------------------------|--|
| SUPPORTING
RECORD 1. | Type of Document
Child's birth certificate | | By whom issued and signed
Boise, Idaho #41000
Vital Statistics | | Date issued
March 15, 1916 | Date Orig. Entry
1916 | |
| | Date of Birth
Age 21 | Birth Place
Idaho | Full Name of Mother | | Name of Father | | |
| SUPPORTING
RECORD 2. | Type of Document
Affidavit by neighbor | | By whom issued and signed
Hilma Johnson | | Date issued
June 5, 1956 | Date Orig. Entry
1956 | |
| | Date of Birth
January 1895 | Birth Place
Lost River, Ida. | Full Name of Mother
Laura Swanson | | Name of Father
Nicholas Swanson | | |
| SUPPORTING
RECORD 3. | Type of Document
Census Record | | By whom issued and signed
Washington 25, D.C.
Bureau of the Census | | Date issued
Aug. 24, 56 | Date Orig. Entry
June 1 1900 | |
| | Date of Birth
January 1895 | Birth Place
Idaho | Full Name of Mother
Laura C. Swanson | | Name of Father
Nicholas Swanson | | |
| QUALIFYING
INFORMATION | | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | | |
| | State Registrar
<i>W W Benson</i> | | Evidence reviewed by
Verna Reisch | | | Date Filed
Sept. 7, 1956 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

SEP 17 1964

1962-1963

A circular postmark from New York, dated 1904. The text "NEW YORK" is at the top, "1904" is at the bottom, and "JAN 10" is in the center.

| | | | | | | |
|--|---|-----------------------|--|--|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<i>LOUIS ALBERT DUNN</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Nov. 20, 1895</i> | |
| | 3. Color of Race
<i>white</i> | 4. Sex
<i>male</i> | 5. Place of Birth
<i>Rigby Ida.</i> | | a. County
<i>Rigby, Ida.</i> | |
| FATHER | 6. Full Name of Father
<i>Brigham Dunn</i> | | | | 7. State or Country of Father's Birth
<i>Cache Co. ut.</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Mary Sophia Perry</i> | | | | 9. State or Country of Mother's Birth
<i>Utah</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Louis Albert Dunn</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>May 22 1956</i> | | | | 11. Present Address of Registrant | |
| | 12. Signature of Notary
<i>Laura D. Gough</i> | | | | 13. Notary Commission expires
<i>Sept. 28 1958</i> | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|---|--|--|--|
| SUPPORTING RECORD 1. | Type of Document
<i>daughter's birth certificate</i> | | By whom issued and signed
<i>State of Idaho #201235</i> | | Date Issued |
| | Date of Birth
<i>36 years old</i> | Birth Place
<i>Rigby Idaho</i> | Full Name of Mother | | Date Orig. Entry
<i>April 14, 1932</i> |
| Class* <u>B</u> | | | | | Name of Father
<i>1932</i> |
| SUPPORTING RECORD 2. | Type of Document
<i>affidavit by friend of family</i> | | By whom issued and signed
<i>W. L. Lish Bannock Co., Idaho</i> | | Date Issued |
| | Date of Birth
<i>November 20, 1895</i> | Birth Place
<i>Rigby, Idaho Jefferson County</i> | Full Name of Mother
<i>Mary Sophia Perry</i> | | Date Orig. Entry
<i>7-24-56</i> |
| Class <u>B</u> | | | | | Name of Father
<i>Brigham Dunn</i> |
| SUPPORTING RECORD 3. | Type of Document
<i>Certificate of Baptism</i> | | By whom issued and signed
<i>Pocatello, Idaho L.D.S. Church</i> | | Date Issued |
| | Date of Birth
<i>November 1895</i> | Birth Place
<i>Rigby, Idaho</i> | Full Name of Mother
<i>Mary S. Tibbets</i> | | Date Orig. Entry
<i>Dec. 9, 1934 Dec. 9, 1934</i> |
| Class <u>B</u> | | | | | Name of Father
<i>Brigham Dunn</i> |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
<i>bw Verna Reisch</i> | | Date Filed
<i>Sept. 7, 1956</i> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

SEP 10 1956

| | | | |
|------------------------------------|--|-------------------------------------|---|
| 1. Present Address of the subject | 2. Signature of subject | 3. Date of birth and place of birth | 4. Date of entry into the country |
| 5. Name of father | 6. Name of mother | 7. Name of spouse | 8. Name of children |
| 9. Date of entry into the country | 10. Date of departure from the country | 11. Date of return to the country | 12. Date of departure from the country |
| 13. Name of father | 14. Name of mother | 15. Name of spouse | 16. Name of children |
| 17. Date of entry into the country | 18. Date of departure from the country | 19. Date of return to the country | 20. Date of departure from the country |
| 21. Name of father | 22. Name of mother | 23. Name of spouse | 24. Name of children |
| 25. Date of entry into the country | 26. Date of departure from the country | 27. Date of return to the country | 28. Date of departure from the country |
| 29. Name of father | 30. Name of mother | 31. Name of spouse | 32. Name of children |
| 33. Date of entry into the country | 34. Date of departure from the country | 35. Date of return to the country | 36. Date of departure from the country |
| 37. Name of father | 38. Name of mother | 39. Name of spouse | 40. Name of children |
| 41. Date of entry into the country | 42. Date of departure from the country | 43. Date of return to the country | 44. Date of departure from the country |
| 45. Name of father | 46. Name of mother | 47. Name of spouse | 48. Name of children |
| 49. Date of entry into the country | 50. Date of departure from the country | 51. Date of return to the country | 52. Date of departure from the country |
| 53. Name of father | 54. Name of mother | 55. Name of spouse | 56. Name of children |
| 57. Date of entry into the country | 58. Date of departure from the country | 59. Date of return to the country | 60. Date of departure from the country |
| 61. Name of father | 62. Name of mother | 63. Name of spouse | 64. Name of children |
| 65. Date of entry into the country | 66. Date of departure from the country | 67. Date of return to the country | 68. Date of departure from the country |
| 69. Name of father | 70. Name of mother | 71. Name of spouse | 72. Name of children |
| 73. Date of entry into the country | 74. Date of departure from the country | 75. Date of return to the country | 76. Date of departure from the country |
| 77. Name of father | 78. Name of mother | 79. Name of spouse | 80. Name of children |
| 81. Date of entry into the country | 82. Date of departure from the country | 83. Date of return to the country | 84. Date of departure from the country |
| 85. Name of father | 86. Name of mother | 87. Name of spouse | 88. Name of children |
| 89. Date of entry into the country | 90. Date of departure from the country | 91. Date of return to the country | 92. Date of departure from the country |
| 93. Name of father | 94. Name of mother | 95. Name of spouse | 96. Name of children |
| 97. Date of entry into the country | 98. Date of departure from the country | 99. Date of return to the country | 100. Date of departure from the country |

DECLARATION OF CITIZENSHIP OF GIRL
STATE OF TEXAS
I, [Name], do hereby declare that I am a native born citizen of the United States of America and that I am qualified to exercise the rights and privileges of citizenship.

Signature: [Signature]
Date: [Date]

Witness: [Name]
Date: [Date]

282-209-010-691 DELAYED CERTIFICATE OF BIRTH
 Department of Public Health
 Division of Vital Statistics
 Boise, Idaho
 STATE OF IDAHO

State File No. De56-925
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | |
|--|---|-------------------------|---|---------------------------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Lenna V. Bybee.</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>Oct.</u> <u>9</u> <u>1895</u> | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Female</u> | 5. Place of Birth
<u>Idaho Falls, Bonn</u> | 6. County
<u>Idaho</u> | 7. b. City or Town of Birth
<u>Winters, Utah.</u> | |
| FATHER | 6. Full Name of Father
<u>David Byram Bybee.</u> | | | | 7. State or Country of Father's Birth
<u>Winters, Utah.</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Emily Adelaide France.</u> | | | | 9. State or Country of Mother's Birth
<u>Salt Lake, City.</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Lenna B. Reese.</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>August 14</u> 19 <u>56</u> | | | | 11. Present Address of Registrant
<u>1911 N. 25th. Boise</u> | |
| | 12. Signature of Notary
<u>Neil Elison</u> | | | | 13. Notary Commission expires
<u>March 25</u> 19 <u>57</u> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|--|--|--|--|------------------|
| SUPPORTING
RECORD 1. | Type of Document
<u>Family Record</u> | | By whom issued and signed
<u>sister</u>
<u>L.D.S. Church - Adelaide Bybee</u> | | Date issued | Date Orig. Entry |
| | Date of Birth
<u>Oct.</u>
<u>9, 1895</u> | Birth Place
<u>Idaho Falls, Idaho</u> | Full Name of Mother
<u>Emily Adelaide France</u> | | Name of Father
<u>David Byram Bybee</u> | |
| SUPPORTING
RECORD 2. | Type of Document
<u>Marriage Licence</u> | | By whom issued and signed
<u>Deputy Clerk</u>
<u>State of Utah-Blanch Taylor</u> | | Date issued
<u>Aug. 21, 1956</u> | Date Orig. Entry |
| | Date of Birth
<u>Age 20</u> | Birth Place | Full Name of Mother | | Name of Father | |
| SUPPORTING
RECORD 3. | Type of Document
<u>Affidavit</u> | | By whom issued and signed
<u>Sister</u>
<u>Mrs. Adelaide B. Dawson</u> | | Date issued
<u>Sept. 7, 1956</u> | Date Orig. Entry |
| | Date of Birth
<u>Oct.</u>
<u>9, 1895</u> | Birth Place
<u>Idaho Falls, Idaho</u> | Full Name of Mother
<u>Emily Adelaide France</u> | | Name of Father
<u>David Bryam Bybee</u> | |

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

| | | |
|--|--|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<u>W W Benson</u> | Evidence reviewed by
<u>Joan Mowery</u> | Date Filed
<u>Sept. 7, 1956</u> |

* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF DELAWARE

DEPARTMENT OF HEALTH

SEP 10 1960

| | | | | | |
|--|--|---|--|--|--|
| <p>1. Name of child at birth
<i>John Doe</i></p> | | <p>2. Sex
<i>Male</i></p> | | <p>3. Date of birth
<i>Sept 10 1960</i></p> | |
| <p>4. Place of birth
<i>Delaware</i></p> | | <p>5. Name of father
<i>John Doe</i></p> | | <p>6. Name of mother
<i>John Doe</i></p> | |
| <p>7. Address of father
<i>Delaware</i></p> | | <p>8. Address of mother
<i>Delaware</i></p> | | <p>9. Signature of father
<i>John Doe</i></p> | |
| <p>10. Signature of mother
<i>John Doe</i></p> | | <p>11. Signature of Registrar
<i>John Doe</i></p> | | <p>12. Signature of Notary
<i>John Doe</i></p> | |
| <p>13. Name of father
<i>John Doe</i></p> | | <p>14. Name of mother
<i>John Doe</i></p> | | <p>15. Name of father
<i>John Doe</i></p> | |
| <p>16. Name of mother
<i>John Doe</i></p> | | <p>17. Name of father
<i>John Doe</i></p> | | <p>18. Name of mother
<i>John Doe</i></p> | |
| <p>19. Name of father
<i>John Doe</i></p> | | <p>20. Name of mother
<i>John Doe</i></p> | | <p>21. Name of father
<i>John Doe</i></p> | |
| <p>22. Name of mother
<i>John Doe</i></p> | | <p>23. Name of father
<i>John Doe</i></p> | | <p>24. Name of mother
<i>John Doe</i></p> | |
| <p>25. Name of father
<i>John Doe</i></p> | | <p>26. Name of mother
<i>John Doe</i></p> | | <p>27. Name of father
<i>John Doe</i></p> | |
| <p>28. Name of mother
<i>John Doe</i></p> | | <p>29. Name of father
<i>John Doe</i></p> | | <p>30. Name of mother
<i>John Doe</i></p> | |
| <p>31. Name of father
<i>John Doe</i></p> | | <p>32. Name of mother
<i>John Doe</i></p> | | <p>33. Name of father
<i>John Doe</i></p> | |
| <p>34. Name of mother
<i>John Doe</i></p> | | <p>35. Name of father
<i>John Doe</i></p> | | <p>36. Name of mother
<i>John Doe</i></p> | |
| <p>37. Name of father
<i>John Doe</i></p> | | <p>38. Name of mother
<i>John Doe</i></p> | | <p>39. Name of father
<i>John Doe</i></p> | |
| <p>40. Name of mother
<i>John Doe</i></p> | | <p>41. Name of father
<i>John Doe</i></p> | | <p>42. Name of mother
<i>John Doe</i></p> | |
| <p>43. Name of father
<i>John Doe</i></p> | | <p>44. Name of mother
<i>John Doe</i></p> | | <p>45. Name of father
<i>John Doe</i></p> | |
| <p>46. Name of mother
<i>John Doe</i></p> | | <p>47. Name of father
<i>John Doe</i></p> | | <p>48. Name of mother
<i>John Doe</i></p> | |
| <p>49. Name of father
<i>John Doe</i></p> | | <p>50. Name of mother
<i>John Doe</i></p> | | <p>51. Name of father
<i>John Doe</i></p> | |
| <p>52. Name of mother
<i>John Doe</i></p> | | <p>53. Name of father
<i>John Doe</i></p> | | <p>54. Name of mother
<i>John Doe</i></p> | |
| <p>55. Name of father
<i>John Doe</i></p> | | <p>56. Name of mother
<i>John Doe</i></p> | | <p>57. Name of father
<i>John Doe</i></p> | |
| <p>58. Name of mother
<i>John Doe</i></p> | | <p>59. Name of father
<i>John Doe</i></p> | | <p>60. Name of mother
<i>John Doe</i></p> | |
| <p>61. Name of father
<i>John Doe</i></p> | | <p>62. Name of mother
<i>John Doe</i></p> | | <p>63. Name of father
<i>John Doe</i></p> | |
| <p>64. Name of mother
<i>John Doe</i></p> | | <p>65. Name of father
<i>John Doe</i></p> | | <p>66. Name of mother
<i>John Doe</i></p> | |
| <p>67. Name of father
<i>John Doe</i></p> | | <p>68. Name of mother
<i>John Doe</i></p> | | <p>69. Name of father
<i>John Doe</i></p> | |
| <p>70. Name of mother
<i>John Doe</i></p> | | <p>71. Name of father
<i>John Doe</i></p> | | <p>72. Name of mother
<i>John Doe</i></p> | |
| <p>73. Name of father
<i>John Doe</i></p> | | <p>74. Name of mother
<i>John Doe</i></p> | | <p>75. Name of father
<i>John Doe</i></p> | |
| <p>76. Name of mother
<i>John Doe</i></p> | | <p>77. Name of father
<i>John Doe</i></p> | | <p>78. Name of mother
<i>John Doe</i></p> | |
| <p>79. Name of father
<i>John Doe</i></p> | | <p>80. Name of mother
<i>John Doe</i></p> | | <p>81. Name of father
<i>John Doe</i></p> | |
| <p>82. Name of mother
<i>John Doe</i></p> | | <p>83. Name of father
<i>John Doe</i></p> | | <p>84. Name of mother
<i>John Doe</i></p> | |
| <p>85. Name of father
<i>John Doe</i></p> | | <p>86. Name of mother
<i>John Doe</i></p> | | <p>87. Name of father
<i>John Doe</i></p> | |
| <p>88. Name of mother
<i>John Doe</i></p> | | <p>89. Name of father
<i>John Doe</i></p> | | <p>90. Name of mother
<i>John Doe</i></p> | |
| <p>91. Name of father
<i>John Doe</i></p> | | <p>92. Name of mother
<i>John Doe</i></p> | | <p>93. Name of father
<i>John Doe</i></p> | |
| <p>94. Name of mother
<i>John Doe</i></p> | | <p>95. Name of father
<i>John Doe</i></p> | | <p>96. Name of mother
<i>John Doe</i></p> | |
| <p>97. Name of father
<i>John Doe</i></p> | | <p>98. Name of mother
<i>John Doe</i></p> | | <p>99. Name of father
<i>John Doe</i></p> | |
| <p>100. Name of mother
<i>John Doe</i></p> | | <p>101. Name of father
<i>John Doe</i></p> | | <p>102. Name of mother
<i>John Doe</i></p> | |

| | | | | | | |
|--|---|-------------------------|-----------------------------------|----------------------------|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Audrey Katherine Cummings | | | | 2. Date (month) (day) (year)
Of Birth October 27 1895 | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth
Idaho | a. County
Blaine | b. City or Town of Birth
Hailey | |
| FATHER | 6. Full Name of Father
John Bernard Cummings | | | | 7. State or Country of Father's Birth
Norfolk, Virginia | |
| MOTHER | 8. Full Maiden Name of Mother
Ada Lovenia Pearson | | | | 9. State or Country of Mother's Birth
Ophir, Utah | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Audrey K. Cummings</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
August 6th 19 56 | | | | 11. Present Address of Registrant
437 W. Hailey | |
| | 12. Signature of Notary
<i>James R. Daniel</i> | | | | 13. Notary Commission expires
Oct. 13, 1959 19 | |

| APPLICANT-- DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|--|---|---|---|
| SUPPORTING RECORD 1- | Type of Document
son's birth certificate | | By whom issued and signed
State of Idaho #262750 | Date issued
4-20-56 | Date Orig. Entry
child born Jan. 20, 1938 |
| | Class* B | Date of Birth
42 years old | Birth Place
Hailey Idaho | Full Name of Mother
John Joseph Burri, pastor | |
| SUPPORTING RECORD 2- | Type of Document
church record | | By whom issued and signed
Roman Catholic Church John Joseph Burri, pastor | Date issued
6-27-56 | Date Orig. Entry
baptized July 4, 1897 |
| | Class A | Date of Birth
October 27, 1895 | Birth Place
Hailey Idaho | Full Name of Mother
Adah L. Pearson Lovonia | |
| SUPPORTING RECORD 3- | Type of Document
Affidavit by neighbor | | By whom issued and signed
Emma Thamm Kelley | Date issued
September 4, 1956 | Date Orig. Entry
4, 1956 |
| | Class B | Date of Birth
October 27, 1895 | Birth Place
Hailey, Idaho | Full Name of Mother
Adah L. Pearson | |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
bw Verna Reisch | Date Filed
Sept. 12, 1956 | |

[illegible]

255-12-037-236

DELAYED CERTIFICATE OF BIRTH

State File No. De56-958Department of Public Health
Division of Vital Statistics
Boise, Idaho

STATE OF IDAHO

Local Reg. No. _____

Reg. Dist. No. _____

| | | | | | | | | |
|--|---|--------------------|---|--|-----------|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Laura Dell Keefer</u> | | | | | 2. Date (month) (day) (year)
Of Birth <u>Sept</u> <u>10</u> <u>1895</u> | | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>F</u> | 5. Place of Birth
<u>Bruneau - Bonyhee</u> | | a. County | b. City or Town of Birth | | |
| FATHER | 6. Full Name of Father
<u>DAVID EUGENE Keefer</u> | | | | | 7. State or Country of Father's Birth
<u>Illinois</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Mattie Ellen Stone</u> | | | | | 9. State or Country of Mother's Birth
<u>California</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
<u>Laura Dell Keefer</u> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>August 20 1956</u> | | | | | 11. Present Address of Registrant
<u>1015-11th Ave Nampa</u> | | |
| | | | | | | 12. Signature of Notary
<u>[Signature]</u> | | |
| | | | | | | 13. Notary Commission expires
<u>May 15; 1957</u> | | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|--------------------------------------|---|--|--|--|
| SUPPORTING
RECORD 1. | Type of Document
<u>Affidavit by Sister</u> | | By whom issued and signed
<u>Nampa, Idaho</u>
<u>Cora Groves</u> | | Date issued
<u>August 20, 1956</u> | Date Orig. Entry |
| | Date of Birth
<u>September 10, 1895</u> | Birth Place
<u>Bruneau, Idaho</u> | Full Name of Mother
<u>Mattie Ellen Keefer</u> | | Name of Father
<u>David Eugene Keefer</u> | |
| SUPPORTING
RECORD 2. | Type of Document
<u>Child's birth certificate</u> | | By whom issued and signed
<u>Boise, Idaho</u>
<u>Idaho File #152822</u> | | Date issued
<u>April 21, 1925</u> | Date Orig. Entry |
| | Date of Birth
<u>Age 29</u> | Birth Place
<u>Idaho</u> | Full Name of Mother | | Name of Father | |
| SUPPORTING
RECORD 3. | Type of Document
<u>School record</u> | | By whom issued and signed
<u>Boise, Idaho</u>
<u>Chas. L. Harlan</u> | | Date issued | Date Orig. Entry
<u>June 11, 1923</u> |
| | Date of Birth
<u>Age 27</u> | Birth Place | Full Name of Mother | | Name of Father | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W W Benson

Evidence reviewed by

vr Verna Reisch

Date Filed

Sept. 17, 1956* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Department of Public Health
Division of Vital Statistics
Boise, Idaho

STATE OF IDAHO

Local Reg. No. _____

Reg. Dist. No. _____

| | | | | | | |
|--|---|-------------------------|-----------------------------------|--|--|--|
| REGISTRANT
(Person whose
birth is being
registered) | 1. Registrant's Full Name at Birth
MONA LENORE RIGGS | | | | 2. Date (month) (day) (year)
Of Birth NOVEMBER 7 1895 | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth
IDAHO | a. County
GEM | b. City or Town of Birth
EMMETT | |
| FATHER | 6. Full Name of Father
Boise G. Riggs | | | | 7. State or Country of Father's Birth
Boise, Idaho | |
| MOTHER | 8. Full Maiden Name of Mother
Clara Alice Jackson | | | | 9. State or Country of Mother's Birth
Doris County, Missouri | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Mona L. Larson</i> | | 11. Present Address of Registrant |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>August 31 1956</i> | | | 12. Signature of Notary
<i>Henry J. J...</i> | | 13. Notary Commission expires
<i>May 7 1957</i> |

APPLICANT—DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|--|-------------------------------------|--|--|--|
| SUPPORTING
RECORD 1. | Type of Document
SON'S BIRTH CERTIFICATE | | By whom issued and signed
STATE OF IDAHO
#11243 | Date issued | Date Orig. Entry
child born
July 26, 1916 |
| | Date of Birth
20 years old | Birth Place
Emmett, Idaho | Full Name of Mother | Name of Father | |
| SUPPORTING
RECORD 2. | Type of Document
Insurance Record | | By whom issued and signed
Prudential Ins. Co. | Date issued
August 20, 1952 | Date Orig. Entry |
| | Date of Birth
Nov. 7, 1895 | Birth Place
Emmett, Idaho | Full Name of Mother | Name of Father | |
| SUPPORTING
RECORD 3. | Type of Document
Affidavit by Uncle | | By whom issued and signed
Samuel D. Riggs | Date issued
September 13, 1956 | Date Orig. Entry |
| | Date of Birth
November 7, 1895 | Birth Place
Emmett, Idaho | Full Name of Mother
Clara Alice Jackson | Name of Father
Boise G. Riggs | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. W. Benson

Evidence reviewed by

bw

Verna Reisch

Date Filed

Sept. 24, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1960

| | | | |
|---|--|---|--|
| 1. Name of Person
[Illegible] | | 2. Date of Birth
[Illegible] | |
| 3. Sex
[Illegible] | | 4. Race
[Illegible] | |
| 5. Place of Birth
[Illegible] | | 6. Date of Death
[Illegible] | |
| 7. Cause of Death
[Illegible] | | 8. Place of Death
[Illegible] | |
| 9. Name of Physician
[Illegible] | | 10. Name of Hospital
[Illegible] | |
| 11. Name of Informant
[Illegible] | | 12. Address of Informant
[Illegible] | |
| 13. Signature of Informant
[Illegible] | | 14. Date of Report
[Illegible] | |
| 15. Name of Registrar
[Illegible] | | 16. Date of Registration
[Illegible] | |
| 17. Name of County
[Illegible] | | 18. Name of Town
[Illegible] | |
| 19. Name of Village
[Illegible] | | 20. Name of Ward
[Illegible] | |
| 21. Name of Precinct
[Illegible] | | 22. Name of Block
[Illegible] | |
| 23. Name of Lot
[Illegible] | | 24. Name of Apartment
[Illegible] | |
| 25. Name of Room
[Illegible] | | 26. Name of Building
[Illegible] | |
| 27. Name of Street
[Illegible] | | 28. Name of City
[Illegible] | |
| 29. Name of State
[Illegible] | | 30. Name of Country
[Illegible] | |
| 31. Name of Continent
[Illegible] | | 32. Name of Hemisphere
[Illegible] | |
| 33. Name of Planet
[Illegible] | | 34. Name of Galaxy
[Illegible] | |
| 35. Name of Universe
[Illegible] | | 36. Name of Cosmos
[Illegible] | |
| 37. Name of Multiverse
[Illegible] | | 38. Name of Omniverse
[Illegible] | |
| 39. Name of Everything
[Illegible] | | 40. Name of Nothing
[Illegible] | |

RECEIVED
 SEP 24 1956
 STATE OF IDAHO

State File No. De56-989

Local Reg. No. _____

Reg. Dist. No. _____

| | | | | | | |
|--|---|-----------------------|--|---|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrar's Full Name at Birth
SAMUEL DAVID DUFFEE | | | | 2. Date (month) (day) (year)
Of Birth APRIL 22 1895 | |
| | 3. Color or Race
WHITE | 4. Sex
MALE | 5. Place of Birth
ALMO IDAHO | b. City or Town of Birth
ALMO | | |
| FATHER | 6. Full Name of Father
CHARLIE DUFFEE | | | | 7. State or Country of Father's Birth
UNITED STATES | |
| MOTHER | 8. Full Maiden Name of Mother
DESSIE GRAHAM | | | | 9. State or Country of Mother's Birth
UNITED STATES | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Samuel David Duffee</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>September 20 1956</i> | | | | 11. Present Address of Registrant
MITCHELL STAPLE PRINEVILLE ORE. | |
| | 12. Signature of Notary
<i>Alan P. Taylor</i> | | | | 13. Notary Commission expires
<i>5/9 1960</i> | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|-------------|---|--|-------------------------------------|
| SUPPORTING RECORD 1. | Type of Document | | By whom issued and signed | | Date issued |
| | Child's birth certificate | | Oregon File #177 | | Aug. 31, 56 |
| Class* <u>B</u> | Date of Birth | Birth Place | Full Name of Mother | | Date Orig. Entry |
| | Age 38 | Idaho | | | Oct. 18, 1933 |
| SUPPORTING RECORD 2. | Type of Document | | By whom issued and signed | | Date issued |
| | Military Record | | John Lyeum, Major General | | January 25, 1922 |
| Class <u>B</u> | Date of Birth | Birth Place | Full Name of Mother | | Name of Father |
| | April 22, 1895 | Almo, Idaho | | | |
| SUPPORTING RECORD 3. | Type of Document | | By whom issued and signed | | Date issued |
| | Social Security Record | | Treasury Department | | January 25, 1938 |
| Class <u>B</u> | Date of Birth | Birth Place | Full Name of Mother | | Name of Father |
| | April 22, 1895 | Almo, Idaho | Dessie Graham | | Charlie Duffee |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. L. Benson</i> | | Evidence reviewed by
Verna Reisch | | Date Filed
Sept. 24, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

SEP 24 1935

APR 25 1935

APR 24 1935

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

CHAS. A. DAVIS

385-128-791

DELAYED CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics
Boise, Idaho

STATE OF IDAHO

State File No. De56-994

Local Reg. No. _____

Reg. Dist. No. _____

| | | | | | | | |
|--|---|--------------------|---|--|---|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Homer Jesse Lynd</u> | | | | 2. Date (month) (day) (year)
Sept. 28 1895 | | |
| | 3. Color or Race
<u>WH</u> | 4. Sex
<u>M</u> | 5. Place of Birth a. County
<u>Idaho Latah</u> | | b. City or Town of Birth
<u>Princeton</u> | | |
| FATHER | 6. Full Name of Father
<u>Andrew Lynd</u> | | | | 7. State or Country of Father's Birth
<u>Ohio</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Mary Matilda Gray</u> | | | | 9. State or Country of Mother's Birth
<u>Indiana</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Homer Jesse Lynd</u> | | 11. Present Address of Registrant
<u>Route # 2
Colbert, Wash.,</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>Sept. 4</u> 19 <u>56</u> | | | | 12. Signature of Notary
<u>Charles T. Bruce</u> | | 13. Notary Commission expires
<u>Nov. 21</u> 19 <u>56</u> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|--|---|---|-------------------------------------|
| SUPPORTING
RECORD 1-

Class <u>B</u> | Type of Document
<u>Family Bible Record</u> | | By whom issued and signed
<u>Charles T. Bruce-Notary</u> | Date Issued | Date Orig. Entry |
| | Date of Birth
<u>September 28, 1895</u> | Birth Place | Full Name of Mother | Name of Father
<u>Photostat copy of the original viewed by Notary.</u> | |
| SUPPORTING
RECORD 2-

Class <u>B</u> | Type of Document
<u>Insurance record</u> | | By whom issued and signed
<u>Chicago, Illinois
Bankers Life and Casualty</u> | Date Issued
<u>Feb. 22, 1951</u> | Date Orig. Entry |
| | Date of Birth
<u>9-28-95</u> | Birth Place | Full Name of Mother | Name of Father | |
| SUPPORTING
RECORD 3-

Class <u>B</u> | Type of Document
<u>Affidavit by Attendant</u> | | By whom issued and signed
<u>Millysent Patterson</u> | Date issued
<u>September</u> | Date Orig. Entry
<u>20, 1956</u> |
| | Date of Birth
<u>September 28, 1895</u> | Birth Place
<u>Latah Co., Idaho</u> | Full Name of Mother
<u>Mary M. Lynd</u> | Name of Father
<u>Andrew Lynd</u> | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| | | |
|-------------------------------------|--|-------------------------------------|
| State Registrar
<u>W. Benson</u> | Evidence reviewed by
<u>vr Verna Reisch</u> | Date Filed
<u>Sept. 26, 1956</u> |
|-------------------------------------|--|-------------------------------------|

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF IOWA DELAYED CERTIFICATE OF BIRTH

Division of Vital Statistics
 Iowa Department of Health

SEP 26 1956

| | | | |
|--------------------------------------|--------------------------------------|----------------------------------|-------------------------------|
| 1. Date of Birth | 2. Place of Birth | 3. Full Name of Father | 4. Full Maiden Name of Mother |
| 5. State or County of Father's Birth | 6. State or County of Mother's Birth | 7. Present Address of Registrant | 8. Signature of Registrant |
| 9. Date of Issuance | 10. Signature of Registrar | 11. Date of Birth | 12. Place of Birth |
| 13. Name of Father | 14. Name of Mother | 15. Date of Birth | 16. Place of Birth |
| 17. Name of Father | 18. Name of Mother | 19. Date of Birth | 20. Place of Birth |
| 21. Name of Father | 22. Name of Mother | 23. Date of Birth | 24. Place of Birth |
| 25. Name of Father | 26. Name of Mother | 27. Date of Birth | 28. Place of Birth |
| 29. Name of Father | 30. Name of Mother | 31. Date of Birth | 32. Place of Birth |
| 33. Name of Father | 34. Name of Mother | 35. Date of Birth | 36. Place of Birth |
| 37. Name of Father | 38. Name of Mother | 39. Date of Birth | 40. Place of Birth |
| 41. Name of Father | 42. Name of Mother | 43. Date of Birth | 44. Place of Birth |
| 45. Name of Father | 46. Name of Mother | 47. Date of Birth | 48. Place of Birth |
| 49. Name of Father | 50. Name of Mother | 51. Date of Birth | 52. Place of Birth |
| 53. Name of Father | 54. Name of Mother | 55. Date of Birth | 56. Place of Birth |
| 57. Name of Father | 58. Name of Mother | 59. Date of Birth | 60. Place of Birth |
| 61. Name of Father | 62. Name of Mother | 63. Date of Birth | 64. Place of Birth |
| 65. Name of Father | 66. Name of Mother | 67. Date of Birth | 68. Place of Birth |
| 69. Name of Father | 70. Name of Mother | 71. Date of Birth | 72. Place of Birth |
| 73. Name of Father | 74. Name of Mother | 75. Date of Birth | 76. Place of Birth |
| 77. Name of Father | 78. Name of Mother | 79. Date of Birth | 80. Place of Birth |
| 81. Name of Father | 82. Name of Mother | 83. Date of Birth | 84. Place of Birth |
| 85. Name of Father | 86. Name of Mother | 87. Date of Birth | 88. Place of Birth |
| 89. Name of Father | 90. Name of Mother | 91. Date of Birth | 92. Place of Birth |
| 93. Name of Father | 94. Name of Mother | 95. Date of Birth | 96. Place of Birth |
| 97. Name of Father | 98. Name of Mother | 99. Date of Birth | 100. Place of Birth |

| | | | |
|--------------------------------------|--------------------------------------|----------------------------------|-------------------------------|
| 1. Date of Birth | 2. Place of Birth | 3. Full Name of Father | 4. Full Maiden Name of Mother |
| 5. State or County of Father's Birth | 6. State or County of Mother's Birth | 7. Present Address of Registrant | 8. Signature of Registrant |
| 9. Date of Issuance | 10. Signature of Registrar | 11. Date of Birth | 12. Place of Birth |
| 13. Name of Father | 14. Name of Mother | 15. Date of Birth | 16. Place of Birth |
| 17. Name of Father | 18. Name of Mother | 19. Date of Birth | 20. Place of Birth |
| 21. Name of Father | 22. Name of Mother | 23. Date of Birth | 24. Place of Birth |
| 25. Name of Father | 26. Name of Mother | 27. Date of Birth | 28. Place of Birth |
| 29. Name of Father | 30. Name of Mother | 31. Date of Birth | 32. Place of Birth |
| 33. Name of Father | 34. Name of Mother | 35. Date of Birth | 36. Place of Birth |
| 37. Name of Father | 38. Name of Mother | 39. Date of Birth | 40. Place of Birth |
| 41. Name of Father | 42. Name of Mother | 43. Date of Birth | 44. Place of Birth |
| 45. Name of Father | 46. Name of Mother | 47. Date of Birth | 48. Place of Birth |
| 49. Name of Father | 50. Name of Mother | 51. Date of Birth | 52. Place of Birth |
| 53. Name of Father | 54. Name of Mother | 55. Date of Birth | 56. Place of Birth |
| 57. Name of Father | 58. Name of Mother | 59. Date of Birth | 60. Place of Birth |
| 61. Name of Father | 62. Name of Mother | 63. Date of Birth | 64. Place of Birth |
| 65. Name of Father | 66. Name of Mother | 67. Date of Birth | 68. Place of Birth |
| 69. Name of Father | 70. Name of Mother | 71. Date of Birth | 72. Place of Birth |
| 73. Name of Father | 74. Name of Mother | 75. Date of Birth | 76. Place of Birth |
| 77. Name of Father | 78. Name of Mother | 79. Date of Birth | 80. Place of Birth |
| 81. Name of Father | 82. Name of Mother | 83. Date of Birth | 84. Place of Birth |
| 85. Name of Father | 86. Name of Mother | 87. Date of Birth | 88. Place of Birth |
| 89. Name of Father | 90. Name of Mother | 91. Date of Birth | 92. Place of Birth |
| 93. Name of Father | 94. Name of Mother | 95. Date of Birth | 96. Place of Birth |
| 97. Name of Father | 98. Name of Mother | 99. Date of Birth | 100. Place of Birth |

466-2-129-987

RECEIVED DELAYED CERTIFICATE OF BIRTH

State File No. De56-1022

Department of Public Health
Division of Vital Statistics
Boise, Idaho

OCT 1 - 1956

STATE OF IDAHO

Local Reg. No. _____
Reg. Dist. No. _____

Division of Vital Statistics

| | | | | |
|--|---|-------------------------|--|---------------------------|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<i>Alta Rachel Moore</i> | | 2. Date (month) (day) (year)
Of Birth <i>November 23 1895</i> | |
| | 3. Color or Race
<i>WHITE</i> | 4. Sex
<i>FEMALE</i> | 5. Place of Birth
<i>IDAHO</i> | a. County
<i>LATAH</i> |
| FATHER | 6. Full Name of Father
<i>Amos Moore</i> | | 7. State or Country of Father's Birth
<i>ILLINOIS</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Julia D. Ingle</i> | | 9. State or Country of Mother's Birth
<i>ILLINOIS</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant
<i>Alta Rachel Moore</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Sept. 25 1956</i> | | 11. Present Address of Registrant
<i>KENDRICK IDAHO</i> | |
| | 12. Signature of Notary
<i>W. Benson</i> | | 13. Notary Commission expires
<i>7-1-1958</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|--|---------------------------------------|---|---|--|
| SUPPORTING RECORD 1-

Class* <u>B</u> | Type of Document
<i>Family Record</i> | | By whom issued and signed
<i>Family</i>
<i>Julia D. & Amos Moore</i> | Date issued
<i>Viewed photostat copy</i> | Date Orig. Entry |
| | Date of Birth
<i>November 23, 1895</i> | Birth Place | Full Name of Mother
<i>Julia D. Moore</i> | Name of Father
<i>Amos Moore</i> | |
| SUPPORTING RECORD 2-

Class <u>B</u> | Type of Document
<i>Registered Electors record</i> | | By whom issued and signed
<i>Bear Creek Precinct</i>
<i>Bessie Babcock-Recorder</i> | Date issued
<i>Sept. 6, 56</i> | Date Orig. Entry
<i>July 13, 1926</i> |
| | Date of Birth
<i>Age 30</i> | Birth Place
<i>Idaho</i> | Full Name of Mother | Name of Father | |
| SUPPORTING RECORD 3-

Class <u>B</u> | Type of Document
<i>Affidavit by Uncle</i> | | By whom issued and signed
<i>K. D. Ingle</i> | Date issued
<i>September 12, 1956</i> | Date Orig. Entry |
| | Date of Birth
<i>November 23, 1895</i> | Birth Place
<i>Kendrick, Idaho</i> | Full Name of Mother
<i>Julia D. Ingle</i> | Name of Father
<i>Amos Moore</i> | |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. Benson</i> | | Evidence reviewed by
<i>Verna Wilson</i> | Date Filed
<i>Oct. 3, 1956</i> | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DEC 3 1956

THE UNIVERSITY OF CHICAGO

[illegible]

395-127-204-138
 Department of Public Health
 Division of Vital Statistics
 Boise, Idaho

RECEIVED
 SEP 24 1956

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **De56-1211**
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | | |
|---|---|-----------------------|--|--|--|--|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Willard Lindsay | | | | 2. Date of Birth
(month) (day) (year)
1 27 1895 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Ovid Bear Lake | | b. City or Town of Birth
Ovid | | |
| FATHER | 6. Full Name of Father
Philemon Lindsay | | | | 7. State or Country of Father's Birth
Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Marintha Athay | | | | 9. State or Country of Mother's Birth
England | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Willard Lindsay</i> | | 11. Present Address of Registrant
Soda Springs Idaho. |
| NOTARY (Seal) | Subscribed and sworn to before me on
September 20 1956 | | | | 12. Signature of Notary
<i>Alvin R. Whitham</i> | | 13. Notary Commission expires
6-17-58 19 |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|---|--|--|---|---|
| SUPPORTING RECORD 1.

Class B | Type of Document
Affidavit by friend | | By whom issued and signed
Asa Athay | | Date issued
September 18, 1956 | Date Orig. Entry |
| | Date of Birth
January 27, 1895 | Birth Place
Ovid, Idaho | Full Name of Mother
Marintha Athay Lindsay | | Name of Father
Philemon Lindsay | |
| SUPPORTING RECORD 2.

Class A. | Type of Document
Church Record | | By whom issued and signed
Bear Lake Stake L.D.S. Ovid Ward | | Date issued
Oct. 31, 1956 | Date Orig. Entry
Mar. 7, 1895 |
| | Date of Birth
Jan. 27, 1895 | Birth Place
Bear Lake Co. Ovid, Idaho | Full Name of Mother
Marintha Athay | | Name of Father
Philemon Lindsay | |
| SUPPORTING RECORD 3.

Class B | Type of Document
Insurance Record | | By whom issued and signed
Beneficial Life Insurance | | Date issued
Oct. 25, 1935 | Date Orig. Entry |
| | Date of Birth
Jan. 27, 1895 | Birth Place
Ovid, Idaho | Full Name of Mother | | Name of Father | |

| | | | |
|--|--|---|------------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. Benson</i> | Evidence reviewed by
vr Shirley Straubhar | Date Filed
Nov. 27, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy paid

| STATE OF CALIFORNIA | | DEPARTMENT OF PUBLIC SAFETY | |
|---|--|---|--|
| BIRTH CERTIFICATE | | REGISTRATION | |
| <p>1. Name of child at birth</p> <p>2. Date of birth</p> <p>3. Place of birth</p> <p>4. Sex</p> <p>5. Race</p> <p>6. Color</p> <p>7. State or County of father's birth</p> <p>8. Name of father</p> <p>9. Name of mother</p> <p>10. Name of child at birth</p> <p>11. Present address of registrant</p> <p>12. County Commission office</p> | | <p>13. Name of father</p> <p>14. Name of mother</p> <p>15. Name of child at birth</p> <p>16. Present address of registrant</p> <p>17. County Commission office</p> <p>18. Date of birth</p> <p>19. Place of birth</p> <p>20. Sex</p> <p>21. Race</p> <p>22. Color</p> <p>23. State or County of father's birth</p> <p>24. Name of father</p> <p>25. Name of mother</p> <p>26. Name of child at birth</p> <p>27. Present address of registrant</p> <p>28. County Commission office</p> | |
| <p>29. Date of birth</p> <p>30. Place of birth</p> <p>31. Sex</p> <p>32. Race</p> <p>33. Color</p> <p>34. State or County of father's birth</p> <p>35. Name of father</p> <p>36. Name of mother</p> <p>37. Name of child at birth</p> <p>38. Present address of registrant</p> <p>39. County Commission office</p> | | <p>40. Date of birth</p> <p>41. Place of birth</p> <p>42. Sex</p> <p>43. Race</p> <p>44. Color</p> <p>45. State or County of father's birth</p> <p>46. Name of father</p> <p>47. Name of mother</p> <p>48. Name of child at birth</p> <p>49. Present address of registrant</p> <p>50. County Commission office</p> | |
| <p>51. Date of birth</p> <p>52. Place of birth</p> <p>53. Sex</p> <p>54. Race</p> <p>55. Color</p> <p>56. State or County of father's birth</p> <p>57. Name of father</p> <p>58. Name of mother</p> <p>59. Name of child at birth</p> <p>60. Present address of registrant</p> <p>61. County Commission office</p> | | <p>62. Date of birth</p> <p>63. Place of birth</p> <p>64. Sex</p> <p>65. Race</p> <p>66. Color</p> <p>67. State or County of father's birth</p> <p>68. Name of father</p> <p>69. Name of mother</p> <p>70. Name of child at birth</p> <p>71. Present address of registrant</p> <p>72. County Commission office</p> | |
| <p>73. Date of birth</p> <p>74. Place of birth</p> <p>75. Sex</p> <p>76. Race</p> <p>77. Color</p> <p>78. State or County of father's birth</p> <p>79. Name of father</p> <p>80. Name of mother</p> <p>81. Name of child at birth</p> <p>82. Present address of registrant</p> <p>83. County Commission office</p> | | <p>84. Date of birth</p> <p>85. Place of birth</p> <p>86. Sex</p> <p>87. Race</p> <p>88. Color</p> <p>89. State or County of father's birth</p> <p>90. Name of father</p> <p>91. Name of mother</p> <p>92. Name of child at birth</p> <p>93. Present address of registrant</p> <p>94. County Commission office</p> | |
| <p>95. Date of birth</p> <p>96. Place of birth</p> <p>97. Sex</p> <p>98. Race</p> <p>99. Color</p> <p>100. State or County of father's birth</p> <p>101. Name of father</p> <p>102. Name of mother</p> <p>103. Name of child at birth</p> <p>104. Present address of registrant</p> <p>105. County Commission office</p> | | <p>106. Date of birth</p> <p>107. Place of birth</p> <p>108. Sex</p> <p>109. Race</p> <p>110. Color</p> <p>111. State or County of father's birth</p> <p>112. Name of father</p> <p>113. Name of mother</p> <p>114. Name of child at birth</p> <p>115. Present address of registrant</p> <p>116. County Commission office</p> | |

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-56-1215

| | | | | | | | |
|--|---|--------------|----------------------------|--------------------|---|--|--|
| REGISTRANT
(Person whose
birth is being
registered) | 1. Registrant's Full Name at Birth
Edith Nora Lakey | | | | 2. Date (month) (day) (year)
Of Birth April 19 1895 | | |
| | 3. Color or Race
White | 4. Sex
F. | 5. Place of Birth
Idaho | a. County
Adams | b. City or Town of Birth
Council | | |
| FATHER | 6. Full Name of Father
John William Lakey | | | | 7. State or Country of Father's Birth
Walla Walla, Washington | | |
| MOTHER | 8. Full Maiden Name of Mother
Ella Nora Graham | | | | 9. State or Country of Mother's Birth
Auburn, Oregon | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Edith Nora Lakey</i> | | 11. Present Address of Registrant
410 Brookdale Drive
Boise, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Dec 2</i> 1956 | | | | 12. Signature of Notary
<i>Myra R. Caspell</i>
Boise, Idaho | | 13. Notary Commission expires
4-5 1956 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------------------|---|-------------------------------|---|--|--------------------------------------|------------------|
| SUPPORTING
RECORD 1.

B | Type of Document
Affidavit by Mother | | By whom issued and signed
Ella Lakey - Mother | | Date issued
Nov. 27, 1956 | Date Orig. Entry |
| | Date of Birth
April 19, 1895 | Birth Place
Council, Idaho | Full Name of Mother
Ella Nora Graham | | Name of Father
John William Lakey | |
| SUPPORTING
RECORD 2.

B | Type of Document
Child's Birth Certificate | | By whom issued and signed
State of Idaho - #346668 | | Date issued
Aug. 30, 1921 | Date Orig. Entry |
| | Date of Birth
Age 26 | Birth Place
Council, Idaho | Full Name of Mother | | Name of Father | |
| SUPPORTING
RECORD 3.

B | Type of Document
Insurance Policy | | By whom issued and signed
Metropolitan Life | | Date issued
April 14, 1947 | Date Orig. Entry |
| | Date of Birth
Age 52 | Birth Place | Full Name of Mother | | Name of Father | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|-------------------------------------|-----------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
W. W. Benson | Evidence reviewed by
Joan Mowery | Date Filed
Nov. 28, 1956 |

DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION WASHINGTON, D. C. 20535

4 1966

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------------|--------|---------|-------------------------|--------------------|---------|---------|---------------|------------------------------|---|--------------------------------|----------------------------|--|------------------------------|--|------------------------|--|--|---|--|--|---|--|---|--|---|---|---|---|
| 1. Name (Last, First, Middle Initial) | 2. Date of Birth (MM/DD/YYYY) | 3. Sex | 4. Race | 5. Height (Feet/Inches) | 6. Weight (Pounds) | 7. Eyes | 8. Hair | 9. Complexion | 10. Scars, Marks, or Tattoos | 11. Place of Birth (City, State, Country) | 12. Date of Birth (MM/DD/YYYY) | 13. Social Security Number | 14. Current Address (Street, City, State, Zip) | 15. Current Telephone Number | 16. Current Employer (Name, Address, City, State, Zip) | 17. Current Occupation | 18. Current Education (Degree, Institution, City, State, Year) | 19. Current Military Service (Branch, Grade, Dates, City, State, Year) | 20. Current Marital Status (Single, Married, Divorced, Widowed) | 21. Current Spouse (Name, Address, City, State, Zip) | 22. Current Children (Name, Address, City, State, Zip) | 23. Current Parents (Name, Address, City, State, Zip) | 24. Current Siblings (Name, Address, City, State, Zip) | 25. Current Other Relatives (Name, Address, City, State, Zip) | 26. Current Other Contacts (Name, Address, City, State, Zip) | 27. Current Other Information (Name, Address, City, State, Zip) | 28. Current Other Information (Name, Address, City, State, Zip) | 29. Current Other Information (Name, Address, City, State, Zip) | 30. Current Other Information (Name, Address, City, State, Zip) |
| <p>31. Signature (Print Name)</p> <p>32. Signature (Print Name)</p> <p>33. Signature (Print Name)</p> <p>34. Signature (Print Name)</p> <p>35. Signature (Print Name)</p> <p>36. Signature (Print Name)</p> <p>37. Signature (Print Name)</p> <p>38. Signature (Print Name)</p> <p>39. Signature (Print Name)</p> <p>40. Signature (Print Name)</p> <p>41. Signature (Print Name)</p> <p>42. Signature (Print Name)</p> <p>43. Signature (Print Name)</p> <p>44. Signature (Print Name)</p> <p>45. Signature (Print Name)</p> <p>46. Signature (Print Name)</p> <p>47. Signature (Print Name)</p> <p>48. Signature (Print Name)</p> <p>49. Signature (Print Name)</p> <p>50. Signature (Print Name)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

RECEIVED
NOV 13 1956DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHOState File No. De56-1257
Local Reg. No. _____
Reg. Dist. No. _____

| | | |
|--|--|---|
| REGISTRANT
(Person whose
birth is being
registered) | 1. Registrant's Full Name
<u>Sarah Jane Hammer</u> | 2. Date
Of Birth
(month) (day) (year)
<u>October 10 1895</u> |
| FATHER | 3. Color or Race <u>White</u> 4. Sex <u>Female</u> 5. Place of Birth <u>Woodville, Ida.</u> a. County <u>Bonanza</u> | b. City or Town of Birth
<u>Woodville</u> |
| MOTHER | 6. Full Name of Father
<u>Joseph Richard Hammer</u> | 7. State or Country of Father's Birth
<u>Utah</u> |
| AFFIDAVIT | 8. Full Maiden Name of Mother
<u>Ina Bell Wilson</u> | 9. State or Country of Mother's Birth
<u>Utah</u> |
| NOTARY (Seal) | I hereby declare upon oath that the
above statements are true to the
best of my knowledge and belief.
Subscribed and sworn to before me on
<u>November 10 1956</u> | 10. Signature of Registrant
<u>Sarah Hammer</u>
11. Present Address of Registrant
<u>225 So Ridge, Idaho Falls, Ida</u>
12. Signature of Notary
<u>[Signature]</u>
13. Notary Commission expires
<u>5/27/60</u> 19 <u> </u> |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|-------------------------------------|---------------------|----------------------------|--|
| SUPPORTING
RECORD 1. | Type of Document | By whom issued and signed | Date issued | Date Orig. Entry | |
| | Church Record | L.D.S. Salt Lake City, Utah | Mar. 19, 1956 | July 9, 1896 | |
| Class* <u>A</u> | Date of Birth | Birth Place | Full Name of Mother | Name of Father | |
| | Oct. 10, 1895 | Woodville, Ida. | Ina B. Wilson | Joseph R. Hammer | |
| SUPPORTING
RECORD 2. | Type of Document | By whom issued and signed | Date issued | Date Orig. Entry | |
| | Insurance Policy | Metropolitan Life Insurance Company | Sept. 1, 1943 | | |
| Class <u>B</u> | Date of Birth | Birth Place | Full Name of Mother | Name of Father | |
| | age 48 | | | | |
| SUPPORTING
RECORD 3. | Type of Document | By whom issued and signed | Date issued | Date Orig. Entry | |
| | Child's Birth Certificate | State of Utah, Vital Statistics | | child born on Oct 12, 1930 | |
| Class <u>B</u> | Date of Birth | Birth Place | Full Name of Mother | Name of Father | |
| | Age 35 | Woodville, Idaho | | | |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar | Evidence reviewed by | Date Filed | | |
| | W. W. Benson | SS Shirley Straubhar | Dec. 10, 1956 | | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

553-112-010-593 DELAYED CERTIFICATE OF BIRTH
 Department of Public Health
 Division of Vital Statistics
 Boise, Idaho

STATE OF IDAHO

State File No. De56-1275
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | | | |
|--|---|-----------------------|---|--|--|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
JOHNE NELSON | | | | | 2. Date (month) (day) (year)
Of Birth MARCH 12 1895 | | |
| | 3. Color or Race
WHITE | 4. Sex
MALE | 5. Place of Birth
BONNEMULELE CO. | | 6. City or Town of Birth
IDAHO FALLS IDAHO | | | |
| FATHER | 6. Full Name of Father
JOHN NELSON | | | | | 7. State or Country of Father's Birth
SWEDEN | | |
| MOTHER | 8. Full Maiden Name of Mother
EMMA LOUISE VICKBORN | | | | | 9. State or Country of Mother's Birth
SWEDEN | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
<i>John E. Nelson</i> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>March 24</u> 19 <u>56</u> | | | | | 11. Present Address of Registrant
IDAHO | | |
| | | | | | | 12. Signature of Notary
<i>Merrill Erickson</i> | | |
| | | | | | 13. Notary Commission expires
<u>April</u> 19 <u>59</u> | | | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|---|--|--|--------------------------------------|------------------------------|
| SUPPORTING
RECORD 1. | Type of Document
APPLICATION FOR SOCIAL SECURITY | | By whom issued and signed
TREASURY DEPARTMENT | | Date issued | Date Orig. Entry
signed |
| | NUMBER 519-10-9048 | | Internal Revenue Service | | | May 8, 1939 |
| Class <u>B</u> | Date of Birth
March 12 1895 | Birth Place
Idaho Falls Idaho | Full Name of Mother
Emma Louise Vickborn | | Name of Father
John Nelson | |
| | | | | | | |
| SUPPORTING
RECORD 2. | Type of Document
MILITARY RECORD | | By whom issued and signed
UNITED STATES ARMY | | Date issued | Date Orig. Entry
enlisted |
| | Date of Birth
22 7/12 years old | | Full Name of Mother | | | Oct. 3, 1917 |
| Class <u>B</u> | Birth Place
Idaho | | | | Name of Father | |
| | | | | | | |
| SUPPORTING
RECORD 3. | Type of Document
Insurance Policy | | By whom issued and signed
Benefit Association of Railway Employees | | Date issued | Date Orig. Entry |
| | Date of Birth
age 50 | | Full Name of Mother | | Dec. 7, 1945 | |
| Class <u>B</u> | Birth Place | | | | Name of Father | |
| | | | | | | |

| | | | |
|--|--|---|------------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
bw Shirley Straubhar | Date Filed
Dec. 13, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

DECLARATION OF BIRTH STATE OF ILLINOIS

DEC 14 1900

I, JOHN A. WILSON, of the County of JEFFERSON, State of ILLINOIS, do hereby certify that on the 12th day of August, 1900, at Springfield, Illinois, was born to me and my wife, MARY ANN WILSON, a child of the name of JOHN A. WILSON, male, white, born of lawful wedlock, and is now living.

I, JOHN A. WILSON, do hereby certify that the foregoing is a true and correct copy of the original record of the birth of the child named above, as the same appears in the records of the Department of Health, State of Illinois.

I, JOHN A. WILSON, do hereby certify that the foregoing is a true and correct copy of the original record of the birth of the child named above, as the same appears in the records of the Department of Health, State of Illinois.

I, JOHN A. WILSON, do hereby certify that the foregoing is a true and correct copy of the original record of the birth of the child named above, as the same appears in the records of the Department of Health, State of Illinois.

812-209-029-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De56-1305

| | | | | | | |
|--|--|--|---|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Dorothy Ann Hasfurther | | | | 2. Date (month) (day) (year)
Of Birth November 9, 1895 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Latah | a. County | b. City or Town of Birth
Genesee | |
| FATHER | 6. Full Name of Father
Victor Hasfurther | | | | 7. State or Country of Father's Birth
Germany | |
| MOTHER | 8. Full Maiden Name of Mother
Frances Hennen | | | | 9. State or Country of Mother's Birth
Mt. Calvary, Wisconsin | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Dorothy Ann Hasfurther</i> | | 11. Present Address of Registrant
<i>Genesee Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Dec 27</i> 19 <i>56</i> | | | 12. Signature of Notary
<i>Daniel E. Springer</i> | | 13. Notary Commission expires
<i>Aug 25</i> 19 <i>59</i> |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING
RECORD 1- | Type of Document
Affidavit by Uncle | | By whom issued and signed
George Hasfurther | | Date issued
Dec. 8, 1956 | Date Orig. Entry |
| | Date of Birth
Nov. 9, 1895 | Birth Place
Latah County, Genesee, Idaho | Full Name of Mother
Frances Hennen | | Name of Father
Victor Hasfurther | |
| SUPPORTING
RECORD 2- | Type of Document
Certificate of Baptism | | By whom issued and signed
St. Mary Church-Genesee, Ida. Bernard McBride-Pas | | Date issued
Nov. 19, 1956 | Date Orig. Entry
Dec. 15 1895 |
| | Date of Birth
Nov. 9, 1895 | Birth Place
Genesee, Idaho | Full Name of Mother
Frances Hennen | | Name of Father
Victor Hasfurther | |
| SUPPORTING
RECORD 3- | Type of Document
Son's Birth Certificate | | By whom issued and signed
Idaho #153834 | | Date issued | Date Orig. Entry
Child born on May 29, 1927 |
| | Date of Birth
age 31 | Birth Place
Idaho | Full Name of Mother | | Name of Father | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
SS Shirley Straubhar | | Date Filed
Dec. 31, 1956 | |

RECEIVED

1957

JAN 2 1957



RECEIVED

RECEIVED

RECEIVED

363-124-036-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-006

| | | | | | |
|--|---|----------------|---------------------------------------|--|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
William Colton | | | 2. Date (month) (day) (year)
Of Birth November 24, 1895 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Oneida | b. City or Town of Birth
Malad | |
| FATHER | 6. Full Name of Father
Edward William Colton | | | 7. State or Country of Father's Birth
UTAH | |
| MOTHER | 8. Full Maiden Name of Mother
Louisa Clark | | | 9. State or Country of Mother's Birth
Kansas | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
William Colton | 11. Present Address of Registrant
538 Bannock
Malad City, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
December 19 19 56 | | | 12. Signature of Notary
E. L. Scott | 13. Notary Commission expires
May 19 19 59 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|--|--|--|---------------------------------|---|
| SUPPORTING
RECORD 1- | Type of Document
Certificate of Baptism | | By whom issued and signed
L. D. S. Church | Date issued | Date Orig. Entry
Feb. 20, 1918 |
| | Date of Birth
Nov. 24, 1895 | Birth Place
Oneida County, Malad, Idaho | Full Name of Mother
Louise Clark | Name of Father
Edward Colton | |
| SUPPORTING
RECORD 2- | Type of Document
Daughter's Birth Cert. | | By whom issued and signed
Idaho #160382 | Date issued | Date Orig. Entry
Child born on Mar. 21, 1928 |
| | Date of Birth
age 32 | Birth Place
Malad, Idaho | Full Name of Mother | Name of Father | |
| SUPPORTING
RECORD 3- | Type of Document
Insurance Record | | By whom issued and signed
Northern Woodmen of America | Date issued
Oct. 27, 1937 | Date Orig. Entry |
| | Date of Birth
age 37 | Birth Place | Full Name of Mother | Name of Father | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. W. Benson

Evidence reviewed by
Shirley Straubhar

Date Filed
Jan. 3, 1957

165-115-036-342

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-059

| | | | | | | | |
|--|---|-----------------------|-----------------------------------|----------------------------|--|--|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<u>Hugh Lusk Jones</u> | | | | 2. Date of Birth (month) (day) (year)
<u>Oct.</u> <u>15</u> <u>1895</u> | | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Male</u> | 5. Place of Birth
<u>Malad</u> | a. County
<u>Oneida</u> | b. City or Town of Birth
<u>Malad, Idaho</u> | | |
| FATHER | 6. Full Name of Father
<u>William E. Jones</u> | | | | 7. State or Country of Father's Birth
<u>Fullye, Carmarthenshire, Wales</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Lecretia Lusk</u> | | | | 9. State or Country of Mother's Birth
<u>Pleasantgrove, Utah</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Hugh Lusk Jones</u> | | 11. Present Address of Registrant
<u>Rt. 4, Box 3</u>
<u>Idaho Falls, Idaho</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>Dec. 10</u> <u>1956</u> | | | | 12. Signature of Notary
<u>Alice Jones</u> | | 13. Notary Commission expires
<u>Jan. 5</u> <u>1959</u> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|----------------------|--|---|---|---|--|
| SUPPORTING RECORD 1. | Type of Document
<u>Affidavit by Sister</u> | | By whom issued and signed
<u>Brenice Leigh</u> | Date issued
<u>Dec. 10, 1956</u> | Date Orig. Entry |
| | Date of Birth
<u>Oct. 15, 1895</u> | Birth Place
<u>Malad, Idaho</u> | Full Name of Mother
<u>Lecretia Lusk Jones</u> | Name of Father
<u>William E. Jones</u> | |
| SUPPORTING RECORD 2. | Type of Document
<u>Church Record</u> | | By whom issued and signed
<u>L.D.S. Idaho Falls 1st Ward by Bishop Paxoram</u> | Date issued | Date Orig. Entry
<u>Oct. 18, 1903</u> |
| | Date of Birth
<u>Oct. 15, 1895</u> | Birth Place
<u>Oneida County, Malad, Idaho</u> | Full Name of Mother
<u>Lucretia Lusk</u> | Name of Father
<u>William E. Jones</u> | |
| SUPPORTING RECORD 3. | Type of Document
<u>Insurance Record</u> | | By whom issued and signed
<u>Idaho Mutual Benefit Association</u> | Date issued
<u>Sept. 10, 1941</u> | Date Orig. Entry |
| | Date of Birth
<u>Oct. 15, 1895</u> | Birth Place
<u>Oneida County Malad, Idaho</u> | Full Name of Mother | Name of Father | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. Benson

Evidence reviewed by

ss Shirley Straubhar

Date Filed

Jan. 25, 1957

STATE OF IDAHO
DELETED CERTIFICATE OF BIRTH

JAN 25 1957

| | | | |
|---|--|--|--|
| 1. Name of child
William B. Jones | | 2. Date of birth
Jan 25 1957 | |
| 3. Place of birth
Idaho | | 4. Sex
Male | |
| 5. Name of father
William B. Jones | | 6. Name of mother
Loretta Mae Jones | |
| 7. State or County of birth
Idaho | | 8. Date of registration
Jan 25 1957 | |
| 9. Signature of Registrar
[Signature] | | 10. Seal of Registrar
[Seal] | |
| 11. Date of filing
Jan 25 1957 | | 12. Office of Registrar
Idaho State Capitol | |
| 13. Name of child
William B. Jones | | 14. Date of birth
Jan 25 1957 | |
| 15. Place of birth
Idaho | | 16. Sex
Male | |
| 17. Name of father
William B. Jones | | 18. Name of mother
Loretta Mae Jones | |
| 19. State or County of birth
Idaho | | 20. Date of registration
Jan 25 1957 | |
| 21. Signature of Registrar
[Signature] | | 22. Seal of Registrar
[Seal] | |
| 23. Date of filing
Jan 25 1957 | | 24. Office of Registrar
Idaho State Capitol | |

DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De57-062
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | |
|--|---|-----------------------|-----------------------------------|--|--|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
LEONARD EARL WHITE | | | | 2. Date (month) (day) (year)
Of Birth April 30 1895 | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth
Idaho | a. County
Latah | b. City or Town of Birth
Genesee | |
| FATHER | 6. Full Name of Father
George McCuchin White | | | | 7. State or Country of Father's Birth
Eugene, Oregon | |
| MOTHER | 8. Full Maiden Name of Mother
Anna Laura Miller | | | | 9. State or Country of Mother's Birth
Baker, Oregon | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Leonard Earl White</i> | | 11. Present Address of Registrant
<i>Caldesia, Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>January 18 1957</i> | | | 12. Signature of Notary
<i>Ellen Louise Parks</i> | | 13. Notary Commission expires
<i>March 30 1957</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------------------|--|---|--|--|--|--|
| SUPPORTING RECORD 1- | Type of Document
affidavit by aunt | | By whom Issued and signed
Mary E. Shriffler | | Date Issued
8-30-55 | Date Orig. Entry |
| | Date of Birth
April 30 1895 | Birth Place
Genesee, Idaho Latah County | Full Name of Mother
Anna Laura Miller | | Name of Father
George McCuchin White | |
| SUPPORTING RECORD 2- | Type of Document
Application for Change of Beneficiary | | By whom issued and signed
Railroad Retirement Board Washington D. C. | | Date Issued | Date Orig. Entry
July 30, 1938 |
| | Date of Birth
April 30, 1895 | Birth Place | Full Name of Mother | | Name of Father | |
| SUPPORTING RECORD 3- | Type of Document
Son's Birth Certificate | | By whom issued and signed
State of Washington | | Date Issued
5/23/42 | Date Orig. Entry
Child born June 9, 1919 |
| | Date of Birth
age 24 | Birth Place
Genesee, Idaho | Full Name of Mother | | Name of Father | |
| QUALIFYING INFORMATION | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. Benson</i> | | Evidence reviewed by
bw Shirley Straubhar | | | Date Filed
Jan. 25, 1957 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

JAN 25 1957



154-215-021-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-070

| | | | | | | |
|---|---|------------------|---|--|--|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Pearl Lucille Anderson | | | 2. Date (month) (day) (year)
Of Birth July 15 1895 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Franklin | b. City or Town of Birth
Weston, Idaho | | |
| FATHER | 6. Full Name of Father
Rasmus Anderson | | | 7. State or Country of Father's Birth
Denmark | | |
| MOTHER | 8. Full Maiden Name of Mother
Annie Sophia Nelson | | | 9. State or Country of Mother's Birth
Denmark | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Mrs Helmut Price</i> | | 11. Present Address of Registrant
Wendell, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>17th day of January 1957</i> | | | 12. Signature of Notary
<i>Clyde Petersen</i> | | 13. Notary Commission expires
<i>7-18 1958</i> |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|---|------------------------------|---|--|--|
| SUPPORTING RECORD 1. | Type of Document
Affidavit by Brother | | By whom issued and signed
Wm. Anderson | | Date issued
1/19/57 |
| | Date of Birth
July 15, 1895 | Birth Place
Weston, Idaho | Full Name of Mother
Annie Sophia (Nelson) Anderson | | Name of Father
Rasmus Anderson |
| SUPPORTING RECORD 2. | Type of Document
Family Record | | By whom issued and signed
Rasmus Anderson | | Date issued
Viewed Original Obviously Old |
| | Date of Birth
July 15, 1895 | Birth Place | Full Name of Mother
Annie Sophia Nelsen | | Name of Father
Rasmus Anderson |
| SUPPORTING RECORD 3. | Type of Document
Son's Birth Certificate | | By whom issued and signed
Idaho File No. #116375 | | Date issued
11/23/42 |
| | Date of Birth
age 28 | Birth Place
Idaho | Full Name of Mother | | Date Orig. Entry
Child born Oct. 17, 1923 |

| | | | |
|--|--|---|-----------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. Benson</i> | Evidence reviewed by
Shirley Straubhar | Date Filed
Jan. 25, 1957 |

JAN 28 1957

493-21-06-445 DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

Department of Public Health
 Division of Vital Statistics
 Boise, Idaho

State File No. De57-110
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | |
|--|---|-------------------------|-----------------------------------|-----------------------------|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Nellie Grace Milburn | | | | 2. Date (month) (day) (year)
Of Birth MAY 11 1895 | |
| | 3. Color or Race
WHITE | 4. Sex
FEMALE | 5. Place of Birth
IDAHO | a. County
BINGHAM | b. City or Town of Birth
BLACKFOOT | |
| FATHER | 6. Full Name of Father
WILLIAM PATTERSON MILBURN | | | | 7. State or Country of Father's Birth
Tennessee | |
| MOTHER | 8. Full Maiden Name of Mother
MARTHA ELIZABETH DUNCAN | | | | 9. State or Country of Mother's Birth
MISSOURI | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Nellie Grace Milburn</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on February 6 1957 | | | | 11. Present Address of Registrant
4905 Bond St. | |
| | 12. Signature of Notary
<i>Therese Clayton</i> | | | | 13. Notary Commission expires
My Commission expires March 16, 1957. | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|--|---|--|--|
| SUPPORTING RECORD 1. | Type of Document
Affidavit by Friend | | By whom issued and signed
Emma O. Montgomery | | Date issued
February 6, 1957 |
| | Date of Birth
May 11, 1895 | Birth Place
Blackfoot, Idaho | Full Name of Mother
Martha Elizabeth Duncan | | Name of Father
William Patterson Milburn |
| SUPPORTING RECORD 2. | Type of Document
Own Child's Birth Certificate | | By whom issued and signed
State of Idaho # 113777 | | Date issued
August 5, 1923 |
| | Date of Birth
Age 28 | Birth Place
Blackfoot, Idaho | Full Name of Mother | | Name of Father |
| SUPPORTING RECORD 3. | Type of Document
Statement by the Idaho Dept. of Public Assistance | | By whom issued and signed
Ada County, Idaho | | Date issued
January 16, 1957 |
| | Date of Birth
May 11, 1895 | Birth Place | Full Name of Mother | | Date Orig. Entry
July 16, 1936 |

| | | | |
|----------------------------------|--|---|---------------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. Benson</i> | Evidence reviewed by
Shirley Cooper | Date Filed
February 6, 1957 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

239-201-025-683

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-187

| | | | | | |
|---|---|-------------|----------------------------|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Grace Viola Straugh | | | 2. Date (month) (day) (year)
Of Birth August 1 1895 | |
| | 3. Color or Race
W | 4. Sex
F | 5. Place of Birth
Idaho | 6. City or Town of Birth
Harpster | |
| FATHER | 6. Full Name of Father
William Straugh | | | 7. State or Country of Father's Birth
Pennsylvania | |
| MOTHER | 8. Full Maiden Name of Mother
Amanda Alice Ohler | | | 9. State or Country of Mother's Birth
Pennsylvania | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
Grace Viola Straugh | |
| NOTARY (Seal) | Subscribed and sworn to before me on
February 14 1957 | | | 11. Present Address of Registrant
Box 134, Rt. 4, Spokane, Wash. | |
| | 12. Signature of Notary
Clarine Darden | | | 13. Notary Commission expires
July 15 1957 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-----------------------------|--|--------------------------------|---|--|-----------------------------------|-----------------------------------|
| SUPPORTING RECORD 1- | Type of Document
Affidavit by Brother | | By whom issued and signed
Charles L. Straugh | | Date issued
1-28-57 | Date Orig. Entry |
| | Date of Birth
Aug. 1, 1895 | Birth Place
Harpster, Idaho | Full Name of Mother
Amanda Alice Ohler | | Name of Father
Wm. Straugh | |
| SUPPORTING RECORD 2- | Type of Document
Family Bible Record | | By whom issued and signed
William Straugh | | Date issued
Viewed Original | Date Orig. Entry
Obviously Old |
| | Date of Birth
Aug. 1, 1895 | Birth Place | Full Name of Mother
Amanda Alice Straugh | | Name of Father
William Straugh | |
| SUPPORTING RECORD 3- | Type of Document
Hospital Record | | By whom issued and signed
Deaconess Hospital | | Date issued
1-15-57 | Date Orig. Entry
9-7-46 |
| | Date of Birth
Aug. 1, 1896 | Birth Place | Full Name of Mother | | Name of Father | |

QUALIFYING INFORMATION

| | | | |
|--|--|---|-----------------------------|
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. H. Benson | Evidence reviewed by
Shirley Straubhan | Date Filed
Feb. 25, 1957 |

UNITED STATES OF AMERICA

DEPARTMENT OF HEALTH

Division of Health Statistics
Washington, D.C.

MADE IN U.S.A. 8 1952

DATE OF BIRTH
PLACE OF BIRTH

STATE OF BIRTH
CITY OF BIRTH

DATE OF DEATH
PLACE OF DEATH

STATE OF DEATH
CITY OF DEATH

DATE OF INTERVIEW
PLACE OF INTERVIEW

STATE OF INTERVIEW
CITY OF INTERVIEW

DATE OF REPORT
PLACE OF REPORT

STATE OF REPORT
CITY OF REPORT

DATE OF ENTRY
PLACE OF ENTRY

STATE OF ENTRY
CITY OF ENTRY

DATE OF EXIT
PLACE OF EXIT

STATE OF EXIT
CITY OF EXIT

DATE OF DEPARTURE
PLACE OF DEPARTURE

STATE OF DEPARTURE
CITY OF DEPARTURE

DATE OF ARRIVAL
PLACE OF ARRIVAL

STATE OF ARRIVAL
CITY OF ARRIVAL

DATE OF DEPARTURE
PLACE OF DEPARTURE

STATE OF DEPARTURE
CITY OF DEPARTURE

DATE OF BIRTH
PLACE OF BIRTH

STATE OF BIRTH
CITY OF BIRTH

DATE OF DEATH
PLACE OF DEATH

STATE OF DEATH
CITY OF DEATH

DATE OF INTERVIEW
PLACE OF INTERVIEW

STATE OF INTERVIEW
CITY OF INTERVIEW

DATE OF REPORT
PLACE OF REPORT

STATE OF REPORT
CITY OF REPORT

DATE OF ENTRY
PLACE OF ENTRY

STATE OF ENTRY
CITY OF ENTRY

DATE OF EXIT
PLACE OF EXIT

STATE OF EXIT
CITY OF EXIT

DATE OF DEPARTURE
PLACE OF DEPARTURE

STATE OF DEPARTURE
CITY OF DEPARTURE

DATE OF ARRIVAL
PLACE OF ARRIVAL

STATE OF ARRIVAL
CITY OF ARRIVAL

DATE OF DEPARTURE
PLACE OF DEPARTURE

STATE OF DEPARTURE
CITY OF DEPARTURE

DATE OF BIRTH
PLACE OF BIRTH

STATE OF BIRTH
CITY OF BIRTH

DATE OF DEATH
PLACE OF DEATH

STATE OF DEATH
CITY OF DEATH

DATE OF INTERVIEW
PLACE OF INTERVIEW

STATE OF INTERVIEW
CITY OF INTERVIEW

DATE OF REPORT
PLACE OF REPORT

STATE OF REPORT
CITY OF REPORT

DATE OF ENTRY
PLACE OF ENTRY

STATE OF ENTRY
CITY OF ENTRY

DATE OF EXIT
PLACE OF EXIT

STATE OF EXIT
CITY OF EXIT

DATE OF DEPARTURE
PLACE OF DEPARTURE

STATE OF DEPARTURE
CITY OF DEPARTURE

DATE OF ARRIVAL
PLACE OF ARRIVAL

STATE OF ARRIVAL
CITY OF ARRIVAL

DATE OF DEPARTURE
PLACE OF DEPARTURE

STATE OF DEPARTURE
CITY OF DEPARTURE



132-103-007-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-279

| | | | | | | |
|--|---|----------------|------------------------------|---------------------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth (name)
ALFRED ALBRETHSEN (No middle Initial or | | | | 2. Date (month) (day) (year)
Of Birth July 3 1895 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
(Rural) | a. County
Blaine | b. City or Town of Birth
Rural near Picabo, | |
| FATHER | 6. Full Name of Father
ALBERT ALBRETHSEN (No middle Initial) | | | | 7. State or Country of Father's Birth
Denmark | |
| MOTHER | 8. Full Maiden Name of Mother
HANNAH LARSEN | | | | 9. State or Country of Mother's Birth
Denmark | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Alfred Albrethsen</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
6th day of March, 1957 | | | | 11. Present Address of Registrant
Box 95, Carey, Idaho | |
| | | | | | 12. Signature of Notary
<i>Joseph McFadden</i> | |
| | | | | | 13. Notary Commission expires
April 12 1959 | |

APPLICANT DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|--|--|--|-------------------------------------|---|
| SUPPORTING
RECORD 1- | Type of Document
Affidavit by Sister | | By whom issued and signed
Christine Chaumell | | Date issued
2-28-57 | Date Orig. Entry |
| | Date of Birth
July 3,
1895 | Birth Place
Blaine County,
Picabo, Idaho | Full Name of Mother
Hannah Albrethsen | | Name of Father
Albert Albrethsen | |
| SUPPORTING
RECORD 2- | Type of Document
Insurance Policy | | By whom issued and signed
Idaho Mutual Benefit
Association | | Date issued
1-4-40 | Date Orig. Entry
1-2-40 |
| | Date of Birth
July 3,
1895 | Birth Place
Picabo, Idaho | Full Name of Mother | | Name of Father | |
| SUPPORTING
RECORD 3- | Type of Document
Son's Birth Certificate | | By whom issued and signed
Idaho #79602 | | Date issued | Date Orig. Entry
Child born
5-14-1920 |
| | Date of Birth
age 24 | Birth Place
Idaho | Full Name of Mother | | Name of Father | |

QUALIFYING INFORMATION

| | | | |
|--|--|---|-----------------------------|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. H. Benson</i> | Evidence reviewed by
Shirley Straubhar | Date Filed
Mar. 19, 1957 |

RECEIVED
JAN 10 1968

730, 81, 754

219-115-029-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-286

| | | | | | | |
|--|---|----------------|---|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Bernard Galeo Barkwill | | | 2. Date (month) (day) (year)
Of Birth March 15 1895 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Moscow, Idaho | b. City or Town of Birth
Moscow, Idaho | | |
| FATHER | 6. Full Name of Father
Osborne Prescott Barkwill | | | 7. State or Country of Father's Birth
Xenia, Illinois | | |
| MOTHER | 8. Full Maiden Name of Mother
Minnie McConnell | | | 9. State or Country of Mother's Birth
Xenia, Illinois | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Bernard Galeo Barkwill</i> | | 11. Present Address of Registrant
785 N. 2nd, Coos Bay, Oregon |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>February 20</i> 1957 | | 12. Signature of Notary
<i>John H. Hagan</i> | | 13. Notary Commission expires
<i>Nov 8</i> 1959 | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|------------------------------|--|--|---|------------------------------------|
| SUPPORTING
RECORD 1. | Type of Document
Family Bible Record | | By whom issued and signed
Bible in possession of
Frank M. Barkwill | | Date issued
Viewed original | Date Orig. Entry
Obviously Old. |
| | Date of Birth
Mar. 15,
1895 | Birth Place
Moscow, Idaho | Full Name of Mother
Minnie McConnell | | Name of Father
Osborne Prescott Barkwill | |
| SUPPORTING
RECORD 2. | Type of Document
Discharge Papers | | By whom issued and signed
U.S. Army | | Date issued
5-13-1919 | Date Orig. Entry
Enlisted |
| | Date of Birth
Inlistment
age 22 6/12 | Birth Place
Moscow, Idaho | Full Name of Mother | | Name of Father | |
| SUPPORTING
RECORD 3. | Type of Document
Affidavit by brother | | By whom issued and signed
Frank McConnell Barkwill | | Date issued
3-8-57 | Date Orig. Entry |
| | Date of Birth
Mar. 15,
1895 | Birth Place
Moscow, Idaho | Full Name of Mother
Minnie McConnell Barkwill | | Name of Father
Osborne Prescott will | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. H. Benson

Evidence reviewed by

ss Shirley Straubhar

Date Filed

Mar. 19, 1957

JUN 11 1967

JUN 11 1967

| | | | |
|---|--|--|--|
| UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535 | | REPORT OF INVESTIGATION
TITLE: [REDACTED]
FILE NO.: [REDACTED]
DATE: [REDACTED] | |
| SUBJECT: [REDACTED] | | CHARACTER OF CASE: [REDACTED] | |
| SYNOPSIS: [REDACTED] | | DETAILS: [REDACTED] | |
| CONCLUSIONS: [REDACTED] | | RECOMMENDATIONS: [REDACTED] | |
| APPROVED: [REDACTED] | | SPECIAL AGENT IN CHARGE | |
| DATE: [REDACTED] | | BY: [REDACTED] | |

258-125-001-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. **De57-296**

| | | | | | | |
|---|---|-----------------------|---------------------------------|--|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
WILLIAM ALVA SNYDER | | | 2. Date (month) (day) (year)
Of Birth August 25 1895 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Ada | a. County
Meridian | | |
| FATHER | 6. Full Name of Father
Luther Snyder | | | 7. State or Country of Father's Birth
Kansas | | |
| MOTHER | 8. Full Maiden Name of Mother
Eliza Thomas | | | 9. State or Country of Mother's Birth
Missouri | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>William Alva Snyder</i> | | 11. Present Address of Registrant
Box 594, Meridian, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
March 22 1957 | | | 12. Signature of Notary
<i>E. C. Stickle</i> | | 13. Notary Commission expires
Feb 17 1959 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-----------------------------|---|---------------------------------------|--|--|--|---|
| SUPPORTING RECORD 1- | Type of Document
Own Child's Birth Certificate | | By whom issued and signed on file Vital Statistics
#123573 | | Date issued | Date Orig. Entry
child born June 22, 1924 |
| | Date of Birth
Age 28 | Birth Place
Meridian, Idaho | Full Name of Mother | | Name of Father | |
| SUPPORTING RECORD 2- | Type of Document
Affidavit by Half-Sister | | By whom issued and signed
Della Tolleth | | Date issued
3-22-1957 | Date Orig. Entry |
| | Date of Birth
Aug 25, 1895 | Birth Place
Meridian, Idaho | Full Name of Mother
Eliza Thomas | | Name of Father
Luther Snyder | |
| SUPPORTING RECORD 3- | Type of Document
Application for Insurance Policy | | By whom issued and signed
Standard Insurance Company | | Date issued
2-24-1926 | Date Orig. Entry
Feb 24, 1926 |
| | Date of Birth
Aug 25, 1895 | Birth Place
Meridian, Idaho | Full Name of Mother | | Name of Father | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

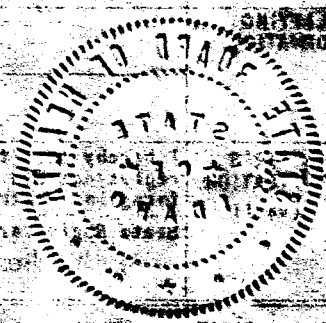
State Registrar
W. W. Benson

Evidence reviewed by
Joyce B. Foltz

Date Filed
March 22, 1957

DELETED COPY DATE OF BIRTH DATE OF DEATH

| | | | | | | | | | | | |
|--------------------|-------------------|-------------------|----------|-----------|---------------|----------------|-----------------|--------------|-----------|------------|--------------|
| 1. Name of Person | 2. Date of Birth | 3. Date of Death | 4. Sex | 5. Race | 6. Religion | 7. Education | 8. Occupation | 9. Address | 10. City | 11. State | 12. Country |
| 13. Name of Person | 14. Date of Birth | 15. Date of Death | 16. Sex | 17. Race | 18. Religion | 19. Education | 20. Occupation | 21. Address | 22. City | 23. State | 24. Country |
| 25. Name of Person | 26. Date of Birth | 27. Date of Death | 28. Sex | 29. Race | 30. Religion | 31. Education | 32. Occupation | 33. Address | 34. City | 35. State | 36. Country |
| 37. Name of Person | 38. Date of Birth | 39. Date of Death | 40. Sex | 41. Race | 42. Religion | 43. Education | 44. Occupation | 45. Address | 46. City | 47. State | 48. Country |
| 49. Name of Person | 50. Date of Birth | 51. Date of Death | 52. Sex | 53. Race | 54. Religion | 55. Education | 56. Occupation | 57. Address | 58. City | 59. State | 60. Country |
| 61. Name of Person | 62. Date of Birth | 63. Date of Death | 64. Sex | 65. Race | 66. Religion | 67. Education | 68. Occupation | 69. Address | 70. City | 71. State | 72. Country |
| 73. Name of Person | 74. Date of Birth | 75. Date of Death | 76. Sex | 77. Race | 78. Religion | 79. Education | 80. Occupation | 81. Address | 82. City | 83. State | 84. Country |
| 85. Name of Person | 86. Date of Birth | 87. Date of Death | 88. Sex | 89. Race | 90. Religion | 91. Education | 92. Occupation | 93. Address | 94. City | 95. State | 96. Country |
| 97. Name of Person | 98. Date of Birth | 99. Date of Death | 100. Sex | 101. Race | 102. Religion | 103. Education | 104. Occupation | 105. Address | 106. City | 107. State | 108. Country |



THIS COPY IS DELETED
DATE OF BIRTH
DATE OF DEATH
SEX
RACE
RELIGION
EDUCATION
OCCUPATION
ADDRESS
CITY
STATE
COUNTRY

523-203-004-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-418

| | | | | | | |
|--|---|-------------------------|---------------------------------------|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Nellie Eschler | | | 2. Date (month) (day) (year)
Birth 2 3 1895 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Bear Lake | a. County
Montpelier | | |
| FATHER | 6. Full Name of Father
Frederick Eschler | | | 7. State or Country of Father's Birth
Switzerland | | |
| MOTHER | 8. Full Maiden Name of Mother
Minnie Amanda Schultz | | | 9. State or Country of Mother's Birth
Germany | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Nellie E. Jones</i> | | 11. Present Address of Registrant
R.F.D. #1, Rigby, Idaho. |
| NOTARY (Seal) | Subscribed and sworn to before me on
March 12 1957 | | | 12. Signature of Notary
<i>[Signature]</i> | | 13. Notary Commission expires
January 22 1958. |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|---|--|--|---------------------------------------|--|
| SUPPORTING
RECORD 1. | Type of Document
Application for Social Security Number | | By whom issued and signed
U.S. Treasury Dept. | | Date issued
8-22-39 | Date Orig. Entry |
| | Date of Birth
Feb. 3, 1895 | Birth Place
Montpelier, Idaho | Full Name of Mother
Minnie Schultz | | Name of Father
Fred Eschler | |
| SUPPORTING
RECORD 2. | Type of Document
Insurance Policy | | By whom issued and signed
Idaho Mutual Benefit Association | | Date issued
4-16-40 | Date Orig. Entry
4-15-40 |
| | Date of Birth
Feb. 3, 1895 | Birth Place
Montpelier, Idaho | Full Name of Mother | | Name of Father | |
| SUPPORTING
RECORD 3. | Type of Document
Own child's birth certificate | | By whom issued and signed
Idaho #29298 | | Date issued | Date Orig. Entry
child born March 13, 1915 |
| | Date of Birth
age 20 | Birth Place
Idaho | Full Name of Mother
--- | | Name of Father
--- | |

QUALIFYING
INFORMATION

| | | | |
|--|--|--|-------------------------------------|
| REGISTRAR'S
CERTIFICATION
(Seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>[Signature]</i> | Evidence reviewed by
SS Nancy Richards | Date Filed
April 17, 1957 |

RECEIVED
JAN 10 1964

APR 18 195

238-217-029-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-470

| | | | | | | |
|--|---|-------------------------|------------------------------------|---------------------------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Irma Goldie Sly</i> | | | | 2. Date of Birth (month) (day) (year)
<i>May 17th 1895</i> | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Moscow</i> | a. County
<i>Latah</i> | b. City or Town of Birth
<i>Moscow Ida</i> | |
| FATHER | 6. Full Name of Father
<i>Isaac Newton Sly</i> | | | | 7. State or Country of Father's Birth
<i>Illinois</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>mona mary allen</i> | | | | 9. State or Country of Mother's Birth
<i>Ohio</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Mrs John H. Carlow</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
DEC 8 '56 19 | | | | 11. Present Address of Registrant
<i>317-4th St Lewiston Ida</i> | |
| | | | | | 12. Signature of Notary
<i>J. M. W. H. H.</i> | |
| | | | | | 13. Notary Commission expires
<i>July 20 1960</i> | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|-------------------------------------|--|--|---|
| SUPPORTING
RECORD 1- | Type of Document
<i>Affidavit by Friend</i> | | By whom issued and signed
<i>Lenna Carrick</i> | | Date issued
<i>Dec. 21, 1956</i> |
| | Date of Birth
<i>May 17, 1895</i> | Birth Place
<i>Moscow, Idaho</i> | Full Name of Mother
<i>Mona Mary Allen Sly</i> | | Name of Father
<i>Isaac Newton Sly</i> |
| SUPPORTING
RECORD 2- | Type of Document
<i>Census Record</i> | | By whom issued and signed
<i>U. S. Dept. of Commerce
Bureau of the Census</i> | | Date issued
<i>4-4-57</i> |
| | Date of Birth
<i>May 1895</i> | Birth Place
<i>Idaho</i> | Full Name of Mother
<i>Nona M. Sly</i> | | Date Orig. Entry
<i>June 1, 1900</i> |
| SUPPORTING
RECORD 3- | Type of Document
<i>Voting Record</i> | | By whom issued and signed
<i>Lewiston Precinct #7
Nez Perce County, Idaho</i> | | Date issued
<i>4-18-57</i> |
| | Date of Birth
<i>age 30</i> | Birth Place
<i>Idaho</i> | Full Name of Mother | | Date Orig. Entry
<i>May 10, 1926</i> |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. L. Benson

Evidence reviewed by

SS

Nancy Richards

Date Filed

April 29, 1957

APR 30 1957

0004405 3327

70
0115

1964

2000

State of New York
County of New York
In and for the City and County of New York
I, the undersigned, Clerk of the County of New York, do hereby certify that the within and foregoing is a true and correct copy of the original of the same as the same appears from the records of the County of New York.

[illegible]

1990

1947-1948

Enclosed for signature of the Chief of the National Bureau of Investigation is a copy of the report of the Special Agent in Charge, New York, dated 10/10/51, and a copy of the report of the Special Agent in Charge, New York, dated 10/10/51, and a copy of the report of the Special Agent in Charge, New York, dated 10/10/51.

1944
 1945
 1946
 1947
 1948
 1949
 1950
 1951
 1952
 1953
 1954
 1955
 1956
 1957
 1958
 1959
 1960
 1961
 1962
 1963
 1964
 1965
 1966
 1967
 1968
 1969
 1970
 1971
 1972
 1973
 1974
 1975
 1976
 1977
 1978
 1979
 1980
 1981
 1982
 1983
 1984
 1985
 1986
 1987
 1988
 1989
 1990
 1991
 1992
 1993
 1994
 1995
 1996
 1997
 1998
 1999
 2000
 2001
 2002
 2003
 2004
 2005
 2006
 2007
 2008
 2009
 2010
 2011
 2012
 2013
 2014
 2015
 2016
 2017
 2018
 2019
 2020
 2021
 2022
 2023
 2024
 2025
 2026
 2027
 2028
 2029
 2030
 2031
 2032
 2033
 2034
 2035
 2036
 2037
 2038
 2039
 2040
 2041
 2042
 2043
 2044
 2045
 2046
 2047
 2048
 2049
 2050
 2051
 2052
 2053
 2054
 2055
 2056
 2057
 2058
 2059
 2060
 2061
 2062
 2063
 2064
 2065
 2066
 2067
 2068
 2069
 2070
 2071
 2072
 2073
 2074
 2075
 2076
 2077
 2078
 2079
 2080
 2081
 2082
 2083
 2084
 2085
 2086
 2087
 2088
 2089
 2090
 2091
 2092
 2093
 2094
 2095
 2096
 2097
 2098
 2099
 2100
 2101
 2102
 2103
 2104
 2105
 2106
 2107
 2108
 2109
 2110
 2111
 2112
 2113
 2114
 2115
 2116
 2117
 2118
 2119
 2120
 2121
 2122
 2123
 2124
 2125
 2126
 2127
 2128
 2129
 2130
 2131
 2132
 2133
 2134
 2135
 2136
 2137
 2138
 2139
 2140
 2141
 2142
 2143
 2144
 2145
 2146
 2147
 2148
 2149
 2150
 2151
 2152
 2153
 2154
 2155
 2156
 2157
 2158
 2159
 2160
 2161
 2162
 2163
 2164
 2165
 2166
 2167
 2168
 2169
 2170
 2171
 2172
 2173
 2174
 2175
 2176
 2177
 2178
 2179
 2180
 2181
 2182
 2183
 2184
 2185
 2186
 2187
 2188
 2189
 2190
 2191
 2192
 2193
 2194
 2195
 2196
 2197
 2198
 2199
 2200
 2201
 2202
 2203
 2204
 2205
 2206
 2207
 2208
 2209
 2210
 2211
 2212
 2213
 2214
 2215
 2216
 2217
 2218
 2219
 2220
 2221
 2222
 2223
 2224
 2225
 2226
 2227
 2228
 2229
 2230
 2231
 2232
 2233
 2234
 2235
 2236
 2237
 2238
 2239
 2240
 2241
 2242
 2243
 2244
 2245
 2246
 2247
 2248
 2249
 2250
 2251
 2252
 2253
 2254
 2255
 2256
 2257
 2258
 2259
 2260
 2261
 2262
 2263
 2264
 2265
 2266
 2267
 2268
 2269
 2270
 2271
 2272
 2273
 2274
 2275
 2276
 2277
 2278
 2279
 2280
 2281
 2282
 2283
 2284
 2285
 2286
 2287
 2288
 2289
 2290
 2291
 2292
 2293
 2294
 2295
 2296
 2297
 2298
 2299
 2300
 2301
 2302
 2303
 2304
 2305
 2306
 2307
 2308
 2309
 2310
 2311
 2312
 2313
 2314
 2315
 2316
 2317
 2318
 2319
 2320
 2321
 2322
 2323
 2324
 2325
 2326
 2327
 2328
 2329
 2330
 2331
 2332
 2333
 2334
 2335
 2336
 2337
 2338
 2339
 2340
 2341
 2342
 2343
 2344
 2345
 2346
 2347
 2348
 2349
 2350
 2351
 2352
 2353
 2354
 2355
 2356
 2357
 2358
 2359
 2360
 2361
 2362
 2363
 2364
 2365
 2366
 2367
 2368
 2369
 2370
 2371
 2372
 2373
 2374
 2375
 2376
 2377
 2378
 2379
 2380
 2381
 2382
 2383
 2384
 2385
 2386
 2387
 2388
 2389
 2390
 2391
 2392
 2393
 2394
 2395
 2396
 2397
 2398

1. The first part of the document is a letter from the President of the United States to the Congress, dated January 1, 1861. It is a copy of the original, and is signed by the President.

[The page contains extremely faint, illegible markings and bleed-through from the reverse side.]

2016-01-15 10:10:10

SECRET

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 08-19-01 BY 60322 UCBAW/SJS/KSP

100-447000-1000

443-209-029-195

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-476

| | | | | | | |
|--|---|-------------------------|-----------------------------------|---------------------------|--|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<u>Erma Gladys Duthie</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>February 9</u> <u>1895</u> | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Female</u> | 5. Place of Birth
<u>Idaho</u> | a. County
<u>Latah</u> | b. City or Town of Birth
<u>Troy</u> | |
| FATHER | 6. Full Name of Father
<u>William Millan Duthie</u> | | | | 7. State or Country of Father's Birth
<u>Wisconsin</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Daisy Gertrude Arnott</u> | | | | 9. State or Country of Mother's Birth
<u>Indiana</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Erma Gladys Duthie Davis</u> | 11. Present Address of Registrant
<u>5587 N. Walnut Grove Ave
San Gabriel, California.</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>April 24th,</u> <u>1957</u> | | | | 12. Signature of Notary
<u>Frank M. Davis</u> | 13. Notary Commission expires
<u>My Commission Expires Mar. 17, 1960</u>
19 <u> </u> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|---|--|---|--|--|---|
| SUPPORTING RECORD 1- | Type of Document
<u>Affidavit by mother</u> | | By whom issued and signed
<u>Mrs. Daisy G. Cooper</u> | | Date issued
<u>9-10-43</u> | Date Orig. Entry |
| | Date of Birth
<u>Feb. 9,
1895</u> | Birth Place
<u>Latah County
Troy, Idaho</u> | Full Name of Mother
<u>Daisy G. Duthie(Cooper)</u> | | Name of Father
<u>William M. Duthie</u> | |
| SUPPORTING RECORD 2- | Type of Document
<u>School record</u> | | By whom issued and signed
<u>University of Idaho, Moscow</u> | | Date issued
<u>4-19-57</u> | Date Orig. Entry
<u>Sept. 18, 1916</u> |
| | Date of Birth
<u>Feb. 9,
1895</u> | Birth Place
<u>Troy, Idaho</u> | Full Name of Mother
<u>—</u> | | Name of Father
<u>William M. Duthie</u> | |
| SUPPORTING RECORD 3- | Type of Document
<u>Marriage Certificate</u> | | By whom issued and signed
<u>California No. 7032</u> | | Date issued
<u>8-24-56</u> | Date Orig. Entry
<u>June 16, 1923</u> |
| | Date of Birth
<u>age 28</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>Daisy Gertrude Arnott</u> | | Name of Father
<u>William Millan Duthie</u> | |

QUALIFYING INFORMATION

| | | | |
|-------------------------------------|--|---|----------------------------------|
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<u>W. Benson</u> | Evidence reviewed by
<u>Nancy Richards</u> | Date Filed
<u>May 2, 1957</u> |

DELAWARE CERTIFICATE OF BIRTH
STATE OF DELAWARE

MAY 3 1957

1. Name of child
2. Date of birth
3. Place of birth
4. Name of father
5. Name of mother

6. Sex of child
7. Color of child
8. Height of child
9. Weight of child
10. Length of child

11. Signature of father
12. Signature of mother
13. Signature of registrar

14. Address of father
15. Address of mother
16. Address of registrar

17. Date of registration
18. Signature of registrar

19. Date of birth
20. Place of birth

21. Date of registration
22. Signature of registrar

23. Date of birth
24. Place of birth

25. Date of registration
26. Signature of registrar

27. Date of birth
28. Place of birth

29. Date of registration
30. Signature of registrar

31. Date of birth
32. Place of birth

33. Date of registration
34. Signature of registrar

35. Date of birth
36. Place of birth

37. Date of registration
38. Signature of registrar

39. Date of birth
40. Place of birth

41. Date of registration
42. Signature of registrar

43. Date of birth
44. Place of birth

45. Date of registration
46. Signature of registrar

47. Date of birth
48. Place of birth

49. Date of registration
50. Signature of registrar

51. Date of birth
52. Place of birth

53. Date of registration
54. Signature of registrar

55. Date of birth
56. Place of birth

993-219-029-843

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-606

| | | | | | | |
|--|---|-------------------------|---|--|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Daisy Bell Riley</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>August 19th 1895</i> | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>female</i> | 5. Place of Birth a. County
<i>Kendrick Idaho. Latah</i> | | b. City or Town of Birth
<i>Kendrick</i> | |
| FATHER | 6. Full Name of Father
<i>Theodore Riley</i> | | | | 7. State or Country of Father's Birth
<i>Kansas</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Eva Jane Hull</i> | | | | 9. State or Country of Mother's Birth
<i>Kansas</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Daisy Bell Johnson</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>March 6th 1957</i> | | | | 11. Present Address of Registrant
<i>946 So. 8th St. San Jose, California</i> | |
| | | | | | 12. Signature of Notary
<i>Myrtle Cox</i> | |
| | | | | | 13. Notary Commission expires
<i>Dec. 9th 1960</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|--|---------------------------------------|---|---|---|
| SUPPORTING
RECORD 1. | Type of Document
Application for Social Security Account Number | | By whom issued and signed
<i>Treasury Department</i> | Date issued | Date Orig. Entry
<i>March 16, 1938</i> |
| | Date of Birth
<i>Aug. 19, 1895</i> | Birth Place
<i>Kendrick, Idaho</i> | Full Name of Mother
<i>Eva Jane Hull</i> | Name of Father
<i>Theodore Riley</i> | |
| SUPPORTING
RECORD 2. | Type of Document
own child's birth certificate | | By whom issued and signed
<i>California #328 certified copy</i> | Date issued
<i>6-13-47</i> | Date Orig. Entry
<i>child born Jan. 21, 1930</i> |
| | Date of Birth
<i>age 34</i> | Birth Place
<i>Idaho</i> | Full Name of Mother
<i>----</i> | Name of Father
<i>----</i> | |
| SUPPORTING
RECORD 3. | Type of Document
Bible Record | | By whom issued and signed
<i>Viewed by Notary Public, Sam Burke, Spokane, Wash. on</i> | Date issued
<i>5-25-57</i> | Date Orig. Entry |
| | Date of Birth
<i>Aug. 19, 1895</i> | Birth Place
<i>----</i> | Full Name of Mother
<i>----</i> | Name of Father
<i>Theodore Riley</i> | |

QUALIFYING INFORMATION

| | | | |
|--|--|--|------------------------------------|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>L. Benson</i> | Evidence reviewed by
<i>nr Nancy Richards</i> | Date Filed
<i>June 13, 1957</i> |

14-00000

SECRET

A circular, high-contrast, black and white image, possibly a stamp or seal. It features a central cross-like design with four quadrants. Surrounding this is a circular border containing text, which is partially legible as "UNITED STATES OF AMERICA" and "DEPARTMENT OF JUSTICE". The image is heavily degraded with noise and artifacts.

[illegible]

281-115-031-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-674

| | | | | | | | | |
|--|---|-----------------------|--|--|--|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Joseph Mathias Sharbach | | | | 2. Date (month) (day) (year)
Of Birth 3 15 1895 | | | |
| | 3. Color or Race
WHITE | 4. Sex
MALE | 5. Place of Birth
LEWISTON IDAHO | | b. City or Town of Birth
LEWISTON | | | |
| FATHER | 6. Full Name of Father
PAUL SHARBACH | | | | 7. State or Country of Father's Birth
WISCONSIN U.S.A | | | |
| MOTHER | 8. Full Maiden Name of Mother
ANNA BAUMGARTNER | | | | 9. State or Country of Mother's Birth
MINNISOTA U.S.A | | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>W. J. Sharbach</i> | | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
March 7 1957 | | | | 11. Present Address of Registrant
9020 - 144 St Edmonton | | | |
| | | | | | 12. Signature of Notary
<i>W. J. Sharbach</i> | | | |
| | | | | | 13. Notary Commission expires
Permanently | | | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|--------------------------------|---|----------------------------------|-----------------------------------|
| SUPPORTING
RECORD 1. | Type of Document
Affidavit by uncle, age 78 | | By whom issued and signed
Matt Baumgartner | Date issued
5-20-57 | Date Orig. Entry |
| | Date of Birth
March 15, 1895 | Birth Place
Lewiston, Idaho | Full Name of Mother
Anna Sharbach | Name of Father
Paul Sharbach | |
| SUPPORTING
RECORD 2. | Type of Document
Certificate of Baptism | | By whom issued and signed
St. Stanislaus Church
Lewiston, Idaho | Date issued
2-9-45 | Date Orig. Entry
June 23, 1895 |
| | Date of Birth
March 15, 1895 | Birth Place
--- | Full Name of Mother
Anna Sharbach | Name of Father
Paul Sharbach | |
| SUPPORTING
RECORD 3. | Type of Document
Marriage Record | | By whom issued and signed
Edmonton, Alberta, Canada | Date issued
6-19-18 | Date Orig. Entry
Jan. 21, 1918 |
| | Date of Birth
age 22 | Birth Place
Idaho | Full Name of Mother
Anna Baumgartner | Name of Father
Paul Scharbach | |

QUALIFYING INFORMATION

| | | | |
|--|--|---|----------------------------|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. J. Benson</i> | Evidence reviewed by
nr Nancy Richards | Date Filed
July 2, 1957 |

DECEASED CERTIFICATE OF BIRTH

STATE OF TEXAS

2012

State File No. 100-100

Birth Record Form with fields for Name, Date of Birth, Place of Birth, and other details. Includes a circular seal on the left side.

Continuation of Birth Record Form with fields for Name, Date of Birth, Place of Birth, and other details. Includes a circular seal on the right side.

962-101-004-712

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-713

| | | | | | | |
|--|---|-----------------------|---|--------------------------------------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Earnest Charles Robison</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Nov 1 1895</i> | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>male</i> | 5. Place of Birth
<i>Montpelier, Bear Lake</i> | a. County
<i>Montpelier Idaho</i> | b. City or Town of Birth
<i>Montpelier Idaho</i> | |
| FATHER | 6. Full Name of Father
<i>Charles Albert Robison</i> | | | | 7. State or Country of Father's Birth
<i>Salt Lake City Utah</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Cora Francis Passey</i> | | | | 9. State or Country of Mother's Birth
<i>Paris Idaho</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Earnest Charles Robison</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>June 28 1957</i> | | | | 11. Present Address of Registrant
<i>Box 200 A</i> | |
| | 12. Signature of Notary
<i>A. B. Offer</i> | | | | 13. Notary Commission expires
<i>Mar. 26 1961</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|---|--|--|---|---|
| SUPPORTING
RECORD 1. | Type of Document
<i>Church Record</i> | | By whom issued and signed
<i>Bear Lake State, Montpelier
Ward, LDS Church</i> | Date issued
<i>3-29-57</i> | Date Orig. Entry
<i>Dec. 6, 1895</i> |
| | Date of Birth
<i>Nov. 1, 1895</i> | Birth Place
<i>Bear Lake Co.
Montpelier, Ida.</i> | Full Name of Mother
<i>Cora Francis Passey</i> | Name of Father
<i>Charles Albert Robison</i> | |
| SUPPORTING
RECORD 2. | Type of Document
<i>Social Security Record</i> | | By whom issued and signed
<i>Treasury Dept.</i> | Date issued | Date Orig. Entry
<i>July 24, 1938</i> |
| | Date of Birth
<i>Nov. 1, 1895</i> | Birth Place
<i>Montpelier, Idaho</i> | Full Name of Mother
<i>Cora Drucella Passey</i> | Name of Father
<i>Charles Albert Robison</i> | |
| SUPPORTING
RECORD 3. | Type of Document
<i>Honorable Discharge Record</i> | | By whom issued and signed
<i>U. S. Army</i> | Date issued
<i>discharged
2-20-19</i> | Date Orig. Entry
<i>inducted
July 22, 1918</i> |
| | Date of Birth
<i>Nov. 1, 1895</i> | Birth Place
<i>Montpelier, Idaho</i> | Full Name of Mother | Name of Father | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
*H. Benson*Evidence reviewed by
*Nancy Richards*Date Filed
July 12, 1957

555-100-100-100

RECEIVED BY THE DIRECTOR

CHIEF OF POLICE

JUL 19 1951



NOTICE OF
ARREST
JUL 19 1951
CHICAGO
ILLINOIS

RECEIVED
JUL 19 1951
CHICAGO
ILLINOIS

RECEIVED
JUL 19 1951
CHICAGO
ILLINOIS



JUL 19 1951

796-229-008-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-788

788

| | | | | | | |
|--|---|------------------|----------------------------|--|---|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Josephine Isabell Gross | | | | 2. Date of Birth
September 29, 1895 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Boise | a. County
b. City or Town of Birth
Ola | | |
| FATHER | 6. Full Name of Father
Gustav Adolph Gross | | | | 7. State or Country of Father's Birth
Germany | |
| MOTHER | 8. Full Maiden Name of Mother
Anna Cramer | | | | 9. State or Country of Mother's Birth
Missouri | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
Josephine Isabell Gross | | 11. Present Address of Registrant
2819 Montana, Caldwell, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
July 27 1957 | | | 12. Signature of Notary
Bob M. Sawyer | | 13. Notary Commission expires
8/1 1959 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|---|---------------------------|--|--|---|------------------|
| SUPPORTING RECORD 1- | Type of Document
Affidavit by Aunt | | By whom issued and signed
Ruth Gross - Aunt | | Date issued
2-25-57 | Date Orig. Entry |
| | Date of Birth
Sept. 29, 1895 | Birth Place
Ola, Idaho | Full Name of Mother
Anna Gross | | Name of Father
Gustav Adolph Gross | |
| SUPPORTING RECORD 2- | Type of Document
Family Bible Record | | By whom issued and signed
Josephine Gross Granger | | Date issued
Viewed by Vital Statistics
Appears quite old & used | Date Orig. Entry |
| | Date of Birth
Sept. 29, 1895 | Birth Place
Ola, Idaho | Full Name of Mother | | Name of Father | |
| SUPPORTING RECORD 3- | Type of Document
Own Child's Birth Certificate | | By whom issued and signed
State of Idaho #44864 | | Date issued
Child's Birthdate
August 3, 1916 | Date Orig. Entry |
| | Date of Birth
Age 20 | Birth Place
Idaho | Full Name of Mother | | Name of Father | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. W. Benson

Evidence reviewed by

Shirley Cooper

Date Filed

RECEIVED - DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

AUG 6 1957



RECEIVED
FEDERAL BUREAU OF INVESTIGATION

RECEIVED
FEDERAL BUREAU OF INVESTIGATION

RECEIVED
FEDERAL BUREAU OF INVESTIGATION

491-210-029-457

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-906

| | | | | | |
|--|--|--|--|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Esta Elizabeth Draper | | | 2. Date (month) (day) (year)
Of Birth November 10, 1895 | |
| | 3. Color or Race
White | 4. Sex
female | 5. Place of Birth a. County
Latah County
b. City or Town of Birth | | |
| FATHER | 6. Full Name of Father
Alfred Draper | | | 7. State or Country of Father's Birth
Iowa | |
| MOTHER | 8. Full Maiden Name of Mother
Tillie Jane Departee | | | 9. State or Country of Mother's Birth
Washington | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Esta Elizabeth Draper</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>August 20</i> 1957 | | | 11. Present Address of Registrant
<i>Rt. 1 Box 1112 LAKE WORTH, FLA.</i>
12. Signature of Notary
<i>Joan G. Blesau</i>
13. Notary Commission expires
Notary Public, State of Florida at Large
My Commission Expires Oct 27, 1958
<small>Bonded By American Fire & Casualty Co.</small> | |
| APPLICANT — DO NOT WRITE BELOW THIS LINE | | | | | |
| SUPPORTING
RECORD 1- | Type of Document
Affidavit by father | | By whom issued and signed
Alfred Draper | | Date issued
6-18-57 |
| | Date of Birth
Nov. 10, 1895 | Birth Place
Latah County, Ida. | Full Name of Mother
Tillie Jane Departee | | Name of Father
Alfred Draper |
| SUPPORTING
RECORD 2- | Type of Document
own child's birth certificate | | By whom issued and signed certified
Washington #82-1145 copy | | Date issued
3-2-43 |
| | Date of Birth
age 26 | Birth Place
Idaho | Full Name of Mother
--- | | Date Orig. Entry
child born Aug. 3, 1922 |
| SUPPORTING
RECORD 3- | Type of Document
Federal Census Record | | By whom issued and signed
U. S. Dept. of Commerce
Bureau of the Census | | Date issued
8-16-57 |
| | Date of Birth
Nov. 1895
(age 4) | Birth Place
Idaho | Full Name of Mother
Tilla Draper | | Date Orig. Entry
June 1, 1900 |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. Benson</i> | | Evidence reviewed by
Nancy Richards | | Date Filed
Sept. 11, 1957 |

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

November 10, 1950

Atlanta, Georgia

Atlanta, Georgia



415-205-006-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-983


983

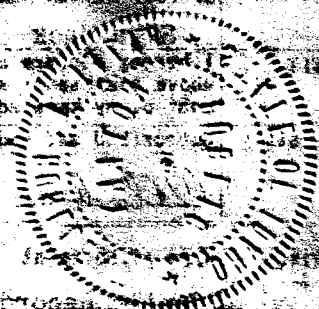
| | | | | | |
|---|--|-------------------------|-------------------------------------|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Naomi Mack Danilson | | | 2. Date of Birth (month) (day) (year)
June 5, 1895 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Bingham | a. County | b. City or Town of Birth
Blackfoot |
| FATHER | 6. Full Name of Father
William Howard Danilson | | | 7. State or Country of Father's Birth
South Carolina | |
| MOTHER | 8. Full Maiden Name of Mother
Sara Mack | | | 9. State or Country of Mother's Birth
Smithfield, Utah | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Naomi D. Beck</i> | 11. Present Address of Registrant
<i>56 B St Salt Lake Utah</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>October 8 1957</i> | | | 12. Signature of Notary
<i>Hazel L. Hurlbert</i> | 13. Notary Commission expires
<i>Sept. 28 1960</i> |
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
| SUPPORTING RECORD 1. | Type of Document
Family Record | | | By whom issued and signed
William Howard Danilson-Father | |
| | Date of Birth
June 5, 1895 | | | Date issued viewed by vital stat.
obviously old - no | |
| SUPPORTING RECORD 2. | Type of Document
Own Child's Birth Certificate | | | By whom issued and signed
State of Idaho #90417 | |
| | Date of Birth
Age 25 | | | Date issued
May 15, 1921 | |
| SUPPORTING RECORD 3. | Type of Document
School Record | | | By whom issued and signed
School District No. 8 Blackfoot, Idaho | |
| | Date of Birth
Age 11 | | | Date issued
8-16-57 | |
| QUALIFYING INFORMATION | Marriage License issued by Twin Falls County, Idaho, on January 25, 1916, gives the age of Naomi Danilson as 20. | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. L. Benson</i> | | | Evidence reviewed by
Shirley Cooper | |
| | | | | Date Filed
Oct. 8, 1957 | |

OFFICE OF THE ATTORNEY GENERAL
STATE OF TEXAS

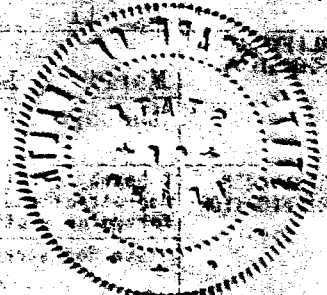
JAN 10 1967

1. The first step is to identify the problem or question that needs to be addressed. This involves understanding the context and the specific requirements of the task.

1. Name of the person: William Howard Brown
2. Date of birth: 1911
3. Place of birth: St. Louis, Missouri
4. Sex: Male
5. Race: White
6. Height: 5' 10"
7. Weight: 175 lbs
8. Eyes: Blue
9. Hair: Brown
10. Occupation: Writer
11. Address: 1000 North 1st St, St. Louis, Mo
12. Signature: William Howard Brown
13. Date: 1935
14. Notary Public: John J. Brown
15. Notary Seal: 

[illegible]

[The page contains faint, mostly illegible text and a large circular stamp on the right side.]



619-102-015-731

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-1021

| | | | | | | |
|--|---|-----------------------|---|---------------------------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Frank Ward</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Feb 2 1895</i> | |
| | 3. Color of Race
<i>White</i> | 4. Sex
<i>male</i> | 5. Place of Birth
<i>Soda Springs, Idaho</i> | a. County
<i>Idaho</i> | b. City or Town of Birth
<i>Idaho</i> | |
| FATHER | 6. Full Name of Father
<i>Leslie Merrill Ward</i> | | | | 7. State or Country of Father's Birth
<i>Vermont</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Sarah Ella Gardner</i> | | | | 9. State or Country of Mother's Birth
<i>Missouri Platt Co</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Frank Ward</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Oct 16 1957</i> | | | | 11. Present Address of Registrant
<i>Rt 1 Kuna Idaho</i> | |
| | 12. Signature of Notary
<i>P. S. Hyde</i> | | | | 13. Notary Commission expires
<i>11/22 1958</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|------------------------------------|--|--|---------------------------------------|--|
| SUPPORTING
RECORD 1. | Type of Document
Own Child's Birth Certificate | | By whom issued and signed
on file-Vital Statistics
Idaho #147533 | | Date issued | Date Orig. Entry
Child born
Nov 30, 1926 |
| | Date of Birth
Age 31 | Birth Place
Soda Springs, Idaho | Full Name of Mother | | Name of Father | |
| SUPPORTING
RECORD 2. | Type of Document
Age 74
Affidavit by Half-Sister | | By whom issued and signed
Rose Hart Sortor | | Date issued
Oct 16, 1957 | Date Orig. Entry |
| | Date of Birth
Feb 2, 1895 | Birth Place
Soda Springs, Idaho | Full Name of Mother
Sarah Ella Ward | | Name of Father
Leslie Merrill Ward | |
| SUPPORTING
RECORD 3. | Type of Document
Application for Membership
Idaho Mutual Benefit Association | | By whom issued and signed
Boise, Idaho
Policy # C32327 | | Date issued
Oct 25, 1938 | Date Orig. Entry
Oct 25, 1938 |
| | Date of Birth
Feb 2, 1895 | Birth Place
Soda Springs, Idaho | Full Name of Mother | | Name of Father | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---|-----------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
W. W. Benson | Evidence reviewed by
Joyce B. Foltz | Date Filed
Oct 22, 1957 |

OCT 23

St. Louis, Mo., Sept. 10, 1901.

967-214-007-695 DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De57-1036
 Local Reg. No. _____
 Reg. Dist. No. _____

Department of Public Health
 Division of Vital Statistics
 Boise, Idaho

| | | | | | | |
|--|---|-------------------------|--|-----------|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
RUBY-VALENTINE-ROGERS. | | | | 2. Date (month) (day) (year)
Of Birth FEBRUARY 14 1895 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Soldier, BLAINE. | a. County | b. City or Town of Birth
Soldier, IDAHO | |
| FATHER | 6. Full Name of Father
GEORGE-MATTHEW. ROGERS. | | | | 7. State or Country of Father's Birth
COLORADO. (PUEBLO) | |
| MOTHER | 8. Full Maiden Name of Mother
ROSE-ELLEN-FINCH. | | | | 9. State or Country of Mother's Birth
UTAH. (Goshen) | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Ruby V. Allen</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on <i>July 28</i> 19 <i>57</i> | | | | 11. Present Address of Registrant
<i>1337-E. Oakland</i> | |
| | 12. Signature of Notary
<i>Richard L. Smith</i> | | | | 13. Notary Commission expires
My term expires _____ 19____ | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|--|---|--|--|---|--|
| SUPPORTING RECORD 1.

Class <u>B</u> | Type of Document
age 77
Affidavit by relative | | By whom issued and signed
Elizabeth A. Robinson | Date issued
8-31-57 | Date Orig. Entry |
| | Date of Birth
Feb. 14, 1895 | Birth Place
(now Fairfield)
Soldier, Idaho | Full Name of Mother
Rose Ellen Finch | Name of Father
George Mathew Rogers | |
| SUPPORTING RECORD 2.

Class <u>B</u> | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #35217 | Date issued | Date Orig. Entry
child born Nov. 15, 1915 |
| | Date of Birth
age 20 | Birth Place
Idaho | Full Name of Mother
--- | Name of Father
--- | |
| SUPPORTING RECORD 3.

Class <u>B</u> | Type of Document
Social Security Record | | By whom issued and signed
Treasury Dept. | Date issued | Date Orig. Entry
Nov. 11, 1946 |
| | Date of Birth
Feb. 14, 1895 | Birth Place
Blaine Co.
Soldier, Idaho | Full Name of Mother
Rose Ellen Finch | Name of Father
George Matthew Rogers | |

QUALIFYING INFORMATION

| | | | | | | |
|-------------------------------------|--|--|---|--|-----------------------------|--|
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
nr Nancy Richards | | Date Filed
Oct. 25, 1957 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

STATE OF IOWA

Report of Special Agent
Investigation of
State of Iowa

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

100-25100

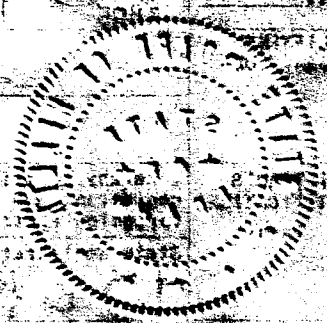
100-25100

100-25100

100-25100

100-25100

100-25100



413-230-004-312

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. **De57-1073**

| | | | | | | |
|---|---|-------------------------|-----------------------------------|-------------------------------|---|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Rose Amy Dalrymple | | | | 2. Date (month) (day) (year)
Of Birth Dec. 30 1895 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Idaho | a. County
Bear Lake | b. City or Town of Birth
St. Charles, Idaho | |
| FATHER | 6. Full Name of Father
Henry Harrison Dalrymple | | | | 7. State or Country of Father's Birth
Bountiful, Utah, U.S.A. | |
| MOTHER | 8. Full Maiden Name of Mother
Elnora Laker | | | | 9. State or Country of Mother's Birth
Idaho-U.S.A. | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Rose A. Dalrymple</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
October 30, 1957 | | | | 11. Present Address of Registrant
1351 Wilson Ave.
Salt Lake City, Utah | |
| | 12. Signature of Notary
<i>Michael L. Lewis</i> | | | | 13. Notary Commission expires
April 11, 1959 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-----------------------------|--|--|---|--|--|---|
| SUPPORTING RECORD 1. | Type of Document
Church Record | | By whom issued and signed
Bear Lake Stake, St. Charles Ward, LDS Church | | Date issued
10-22-57 | Date Orig. Entry
May 7, 1896 |
| | Date of Birth
Dec. 30, 1895 | Birth Place
Bear Lake Co. St. Charles, Idaho | Full Name of Mother
Nora Laker | | Name of Father
Henry Dalrymple | |
| SUPPORTING RECORD 2. | Type of Document
School Record | | By whom issued and signed
Montpelier High School, Idaho | | Date issued
10-29-57 | Date Orig. Entry
Sept. 11, 1911 |
| | Date of Birth
Dec. 30, 1895 (age 15, 8 mos.) | Birth Place
--- | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING RECORD 3. | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #106137 | | Date issued | Date Orig. Entry
child born Nov. 16, 1922 |
| | Date of Birth
age 26 | Birth Place
Idaho | Full Name of Mother
--- | | Name of Father
--- | |

QUALIFYING INFORMATION

Child's insurance policy, Beneficial Life Ins. Co., dated 3-7-44: age 48.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| | | |
|--|---|------------------------------------|
| State Registrar
<i>W. J. Benson</i> | Evidence reviewed by
Nancy Richards | Date Filed
Nov. 12, 1957 |
|--|---|------------------------------------|

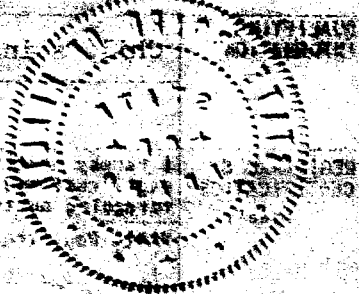
DECLARATION OF BIRTH

NOV 18 1960

| | | | | | |
|---------------------|--|----------------------|--|------------------------|--|
| Name of child | | Date of birth | | Place of birth | |
| Name of mother | | Date of birth | | Place of birth | |
| Name of father | | Date of birth | | Place of birth | |
| Signature of mother | | Signature of father | | Signature of declarant | |
| Date of declaration | | Place of declaration | | Signature of declarant | |



| | | | | | |
|---------------------|--|----------------------|--|------------------------|--|
| Name of child | | Date of birth | | Place of birth | |
| Name of mother | | Date of birth | | Place of birth | |
| Name of father | | Date of birth | | Place of birth | |
| Signature of mother | | Signature of father | | Signature of declarant | |
| Date of declaration | | Place of declaration | | Signature of declarant | |



| | | | | | |
|---------------------|--|----------------------|--|------------------------|--|
| Name of child | | Date of birth | | Place of birth | |
| Name of mother | | Date of birth | | Place of birth | |
| Name of father | | Date of birth | | Place of birth | |
| Signature of mother | | Signature of father | | Signature of declarant | |
| Date of declaration | | Place of declaration | | Signature of declarant | |

652-124-025-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1091

| | | | | | | |
|--|---|----------------|--------------------------------------|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Arthur Louis Webber | | | 2. Date (month) (day) (year)
Of Birth March 24 1895 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Idaho | b. City or Town of Birth
Grangeville, Idaho | | |
| FATHER | 6. Full Name of Father
Louis Webber | | | 7. State or Country of Father's Birth
Fon du Lac, Wisconsin | | |
| MOTHER | 8. Full Maiden Name of Mother
Oleva Bell Allen <i>Arthur Louis Webber</i> | | | 9. State or Country of Mother's Birth
Hicko, Arkansas | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Arthur Louis Webber</i> | | 11. Present Address of Registrant
<i>Grangeville Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Sept. 30</i> 1957 | | | 12. Signature of Notary
<i>William J. Jones</i> | | 13. Notary Commission expires
<i>Aug. 24</i> 1958 |

APPLICANT DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|-----------------------------------|--|--|--------------------------------|---|
| SUPPORTING
RECORD 1- | Type of Document
Affidavit by parents | | By whom issued and signed
Louis and Oleva Bell Webber | | Date issued
4-14-39 | Date Orig. Entry |
| | Date of Birth
March 24,
1895 | Birth Place
Grangeville, Idaho | Full Name of Mother
Oleva Bell Allen Webber | | Name of Father
Louis Webber | |
| SUPPORTING
RECORD 2- | Type of Document
Lodge Record | | By whom issued and signed
Mt. Idaho Lodge No. 9,
AF & AM | | Date issued
9-20-57 | Date Orig. Entry
entries more
than 5 yrs. old |
| | Date of Birth
March 24,
1895 | Birth Place
Grangeville, Idaho | Full Name of Mother
Oleva B. Weber | | Name of Father
Louis Weber | |
| SUPPORTING
RECORD 3- | Type of Document
Federal Census Record | | By whom issued and signed
U. S. Dept. of Commerce
Bureau of the Census | | Date issued
10-30-57 | Date Orig. Entry
June 1, 1900 |
| | Date of Birth
March 1895 | Birth Place
Idaho | Full Name of Mother
Oleva B. Weber | | Name of Father
Louis Weber | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. J. Benson</i> | | Evidence reviewed by
mr Nancy Richards | | | Date Filed
Nov. 15, 1957 |

UNITED STATES DEPARTMENT OF JUSTICE

STATE OF NEW YORK

NOV 18 1964



IN SENATE
January 13, 1965
REPORT OF THE
COMMISSIONER OF
SOCIAL SERVICES
ON THE
ANNUAL REPORT OF THE
COMMISSIONER OF
SOCIAL SERVICES
FOR THE YEAR
1964

THE COMMISSIONER OF SOCIAL SERVICES
HAS THE HONOR TO SUBMIT TO THE SENATE
THE ANNUAL REPORT OF THE
COMMISSIONER OF SOCIAL SERVICES
FOR THE YEAR 1964
AS REQUIRED BY SECTION 103 OF THE
SOCIAL SERVICES LAW

REPORT OF THE COMMISSIONER OF SOCIAL SERVICES FOR THE YEAR 1964

REPORT OF THE
COMMISSIONER OF
SOCIAL SERVICES
FOR THE YEAR
1964

REPORT OF THE
COMMISSIONER OF
SOCIAL SERVICES
FOR THE YEAR
1964

REPORT OF THE
COMMISSIONER OF
SOCIAL SERVICES
FOR THE YEAR
1964

REPORT OF THE
COMMISSIONER OF
SOCIAL SERVICES
FOR THE YEAR
1964



REPORT OF THE
COMMISSIONER OF
SOCIAL SERVICES
FOR THE YEAR
1964

245-110-003-5-43

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. **De57-1131**

| | | | | | | |
|---|--|--|---|--|---|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Leonidas Edlefsen Bunce | | | | 2. Date of Birth
July 10, 1895 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Bannock | a. County
Pocatello | | |
| FATHER | 6. Full Name of Father
William Barr Bunce | | | | 7. State or Country of Father's Birth
England | |
| MOTHER | 8. Full Maiden Name of Mother
Kristine Edlefsen | | | | 9. State or Country of Mother's Birth
Denmark | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Leonidas Bunce</i> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>November 18, 1957</i> | | | 11. Present Address of Registrant
126-11th Street
Idaho Falls, Idaho | | |
| | | | | 12. Signature of Notary
<i>Hazel L. Hurlbert</i> | | |
| | | | | 13. Notary Commission expires
<i>Sept. 28, 1960</i> | | |
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING RECORD 1- | Type of Document
Affidavit by Brother | | By whom issued and signed
William K. Bunce - age 72 | | Date issued
11-18-57 | Date Orig. Entry |
| | Date of Birth
July 10, 1895 | Birth Place
Pocatello, Idaho | Full Name of Mother
Kristine Edlefsen | | Name of Father
William Barr Bunce | |
| SUPPORTING RECORD 2- | Type of Document
Own Child's birth certificate | | By whom issued and signed
State of Idaho #80320 | | Date issued
May 12, 1920 | Date Orig. Entry |
| | Date of Birth
Age 24 | Birth Place
Pocatello, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 3- | Type of Document
Insurance Policy | | By whom issued and signed
C.P.A. Company of Detroit, Michigan | | Date issued
Feb. 1, 1937 | Date Orig. Entry
Feb. 1, 1937 |
| | Date of Birth
July 10, 1895 | Birth Place
--- | Full Name of Mother
--- | | Name of Father
--- | |
| QUALIFYING INFORMATION | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
sc Nancy Richards | | Date Filed
Nov. 27, 1957 | |

RECEIVED
JAN 10 1968

[illegible]

819-214-009-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1142

| | | | | | | |
|--|---|-------------------------|-----------------------------------|----------------------------|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<i>Josephine Emelia Hazelroth</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Sept 14 1895</i> | |
| | 3. Color of Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Idaho</i> | a. County
<i>Bonner</i> | b. City or Town of Birth
<i>Clark Fork Idaho</i> | |
| FATHER | 6. Full Name of Father
<i>Andrew Hazelroth</i> | | | | 7. State or Country of Father's Birth
<i>Sweden</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Minnie Larson</i> | | | | 9. State or Country of Mother's Birth
<i>Sweden</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Josephine E. Hazelroth</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Seattle Wash Oct 25 1957</i> | | | | 11. Present Address of Registrant
<i>115 West 79th
Seattle - 7 - Wash</i> | |
| | 12. Signature of Notary
<i>Ernest R. Vitary</i> | | | | 13. Notary Commission expires
<i>April 28 1958</i> | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|--|---|--|--|---|---|
| SUPPORTING RECORD 1- | Type of Document
<i>Hospital Record</i> | | By whom issued and signed
<i>Seattle, Wash.
Virginia Mason Hospital</i> | | Date issued
<i>10-10-57</i> | Date Orig. Entry
<i>June 29, 1949</i> |
| | Date of Birth
<i>Sept. 14, 1895</i> | Birth Place
<i>Clark Fork, Idaho</i> | Full Name of Mother
<i>Minnie Larson</i> | | Name of Father
<i>Andrew Hazelroth</i> | |
| SUPPORTING RECORD 2- | Type of Document (present at birth)
<i>Affidavit by sister, age 14 at time of birth</i> | | By whom issued and signed
<i>Hilma Johnston</i> | | Date issued
<i>10-30-57</i> | Date Orig. Entry |
| | Date of Birth
<i>Sept. 14, 1895</i> | Birth Place
<i>Bonner Co.,
Clark Fork, Idaho</i> | Full Name of Mother
<i>Minnie Larson</i> | | Name of Father
<i>Andrew Hazelroth</i> | |
| SUPPORTING RECORD 3- | Type of Document
<i>Birth Certificate of own child</i> | | By whom issued and signed #1917-
<i>Seattle Washington 2804</i> | | Date issued
<i>8-30-40</i> | Date Orig. Entry
<i>child born July 20, 1917</i> |
| | Date of Birth
<i>age 21</i> | Birth Place
<i>Idaho</i> | Full Name of Mother | | Name of Father | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. W. Benson

Evidence reviewed by

nr Nancy Richards

Date Filed

Dec. 4, 1957

DEC

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1200
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | | |
|--|---|-------------------------|---|--|---|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Florence Annie Wright</u> | | | | 2. Date
Of
Birth
<u>August</u> <u>12</u> <u>1895</u> | | | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Female</u> | 5. Place of Birth
a. County
<u>Bonneville</u> | | b. City or Town of Birth
<u>Idaho Falls, Idaho</u> | | | |
| FATHER | 6. Full Name of Father
<u>Gilbert George Wright</u> | | | | 7. State or Country of Father's Birth
<u>Utah</u> | | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Tillie E. Bailey</u> | | | | 9. State or Country of Mother's Birth
<u>Utah</u> | | | |
| AFFIDAVIT | I hereby declare upon oath that the
above statements are true to the
best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Florence Annie Wright Lybee</u> | | 11. Present Address of Registrant
<u>1810 Viking Way</u>
<u>La Jolla, California</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>August 29,</u> <u>19 57</u> | | | | 12. Signature of Notary
<u>Robert W. St. Clair</u> | | 13. Notary Commission expires
<u>November 1st</u> <u>19 57</u> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|--|--|--|--|--|
| SUPPORTING
RECORD 1- | Type of Document
<u>Bible Record (photostat)</u> | | By whom issued and signed
<u>Original viewed by Notary
Public, Rob't. W. St. Clair,</u> | | Date issued
<u>on 8-29-57</u> | Date Orig. Entry |
| | Date of Birth
<u>Aug. 12,</u>
<u>1895</u> | Birth Place
<u>----</u> | Full Name of Mother <u>Idaho Falls, Id</u> | | Name of Father
<u>----</u> | |
| SUPPORTING
RECORD 2- | Type of Document
<u>Affidavit by aunt, age 90</u> | | By whom issued and signed
<u>Annabelle Greenwell</u> | | Date issued
<u>12-10-57</u> | Date Orig. Entry |
| | Date of Birth
<u>Aug. 12,</u>
<u>1895</u> | Birth Place
<u>Idaho Falls, Idaho</u> | Full Name of Mother
<u>Tillie E. Wright</u>
<u>nee Tillie E. Bailey</u> | | Name of Father
<u>Gilbert George Wright</u> | |
| SUPPORTING
RECORD 3- | Type of Document
<u>own child's birth certificate</u> | | By whom issued and signed
<u>Idaho #154376</u> | | Date issued | Date Orig. Entry
<u>child born</u>
<u>July 6, 1927</u> |
| | Date of Birth
<u>age 31</u> | Birth Place
<u>Idaho Falls, Ida.</u> | Full Name of Mother
<u>----</u> | | Name of Father
<u>----</u> | |

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

| | | |
|--|--|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<u>W. W. Benson</u> | Evidence reviewed by
<u>nr Nancy Richards</u> | Date Filed
<u>Dec. 23, 1957</u> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

[illegible]

255-01-001-918

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-002

| | | | | | | |
|--|---|-----------------------|---|--|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Edgar Ray Benton</u> | | | | 2. Date of Birth (month) (day) (year)
<u>Sept 1 1895</u> | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Male</u> | 5. Place of Birth a. County
<u>Boise Ada, Idaho.</u> | | b. City or Town of Birth
<u>Boise Ada Idaho</u> | |
| FATHER | 6. Full Name of Father
<u>Samuel Benton</u> | | | | 7. State or Country of Father's Birth
<u>Indiana</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Miranda Ray</u> | | | | 9. State or Country of Mother's Birth
<u>Illinois</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Edgar R. Benton</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>January 2 1958</u> | | | | 11. Present Address of Registrant
<u>Route 1 Kuna, Idaho</u> | |
| | | | | | 12. Signature of Notary
<u>P. S. Pride</u> | |
| | | | | | 13. Notary Commission expires
<u>11/23/58 19</u> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|------------------------------------|--|--|---|--|
| SUPPORTING
RECORD 1- | Type of Document
<u>Affidavit by person present at time of birth - Age 73</u> | | By whom issued and signed
<u>Alta M. Allen</u> | | Date issued
<u>12-31-57</u> | Date Orig. Entry |
| | Date of Birth
<u>Sept. 1, 1895</u> | Birth Place
<u>Boise, Idaho</u> | Full Name of Mother
<u>Miranda Benton</u> | | Name of Father
<u>Samuel Benton</u> | |
| SUPPORTING
RECORD 2- | Type of Document
<u>Family Bible Record</u> | | By whom issued and signed
<u>Family of Edgar Ray Benton</u> | | Date issued
<u>Viewed by vital stat.</u> | Date Orig. Entry
<u>obviously old - no alteration</u> |
| | Date of Birth
<u>Sept. 1 1895</u> | Birth Place
<u>Boise, Idaho</u> | Full Name of Mother
<u>----</u> | | Name of Father
<u>----</u> | |
| SUPPORTING
RECORD 3- | Type of Document
<u>Insurance Policy</u> | | By whom issued and signed
<u>Idaho Mutual Benefit Assoc. Boise, Idaho</u> | | Date issued
<u>10-4-1933</u> | Date Orig. Entry |
| | Date of Birth
<u>Sept. 1, 1895</u> | Birth Place
<u>Boise, Idaho</u> | Full Name of Mother
<u>----</u> | | Name of Father
<u>----</u> | |
| QUALIFYING
INFORMATION | Own Child's Birth Certificate - issued by State of Idaho, #64159. Child's birthdate
<u>September 18, 1918. Age of Father given as 23 - birthplace as Idaho.</u> | | | | | |
| | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | Date Filed
<u>January 2, 1958</u> | |
| | State Registrar
<u>W. W. Benson</u> | | Evidence reviewed by
<u>Shirley Cooper</u> | | | |

DECLASSIFIED BY: 6032
DATE: 01-11-2013

14-00000 JAN 9 1959

[illegible]

981-210-044-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-015
15

| | | | | | | | |
|--|---|-------------------------|--|--------------------------------|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Bessie Ellen Ryan</i> | | | | 2. Date (month) (day) (year)
Birth <i>5</i> <i>10</i> '95 | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Washington</i> | a. County
<i>Washington</i> | b. City or Town of Birth
<i>Weiser</i> | | |
| FATHER | 6. Full Name of Father
<i>Michael L. Ryan</i> | | | | 7. State or Country of Father's Birth
<i>Iowa</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Teresa E. Burke</i> | | | | 9. State or Country of Mother's Birth
<i>Canada</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Bessie R. Iverson</i> | | 11. Present Address of Registrant
<i>1314 N. 25th Boise</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>JANUARY 7 1958</i> | | | | 12. Signature of Notary
<i>Helen Jenkins</i> | | 13. Notary Commission expires
<i>June 30 1959</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|--|--|--|--------------------------------|-----------------------------------|
| SUPPORTING
RECORD 1. | Type of Document
Photostatic copy of original
Social Security Application | | By whom issued and signed
Treasury Department
Internal Revenue Service | | Date issued | Date Orig. Entry
9-15-1942 |
| | Date of Birth
May 10,
1895 | Birth Place
Washington Co.
Weiser, Idaho | Full Name of Mother
Teresa Ellen Burke | | Name of Father
Michael Ryan | |
| SUPPORTING
RECORD 2. | Type of Document
Certificate of Baptism | | By whom issued and signed
St. John the Evangelist
Boise, Idaho | | Date issued
1-22-57 | Date Orig. Entry
Aug. 11, 1895 |
| | Date of Birth
May 10,
1895 | Birth Place
Weiser, Idaho | Full Name of Mother
Theresa Burke | | Name of Father
Michael Ryan | |
| SUPPORTING
RECORD 3. | Type of Document
Insurance Policy | | By whom issued and signed
Mutual Benefit Health &
Accident Assoc., Omaha, Neb. | | Date issued
May 23, 1944 | Date Orig. Entry |
| | Date of Birth
May 10,
1895 | Birth Place
Idaho | Full Name of Mother
--- | | Name of Father
--- | |

QUALIFYING INFORMATION

| | | | |
|--|--|---|----------------------------|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. Benson</i> | Evidence reviewed by
<i>Shirley Cooper</i> | Date Filed
Jan. 7, 1958 |

DECEASED CERTIFICATE OF BIRTH STATE OF TEXAS

| | | | |
|---|--|---|--|
| Date of Birth: 1923
Place of Birth: Washington | | Date of Death: 1923
Place of Death: Washington | |
| Name of Deceased: Michael Evans
Sex: Male | | Name of Mother: Michael Evans
Sex: Female | |
| Name of Father: Michael Evans
Sex: Male | | Name of Deceased: Michael Evans
Sex: Male | |
| Name of Deceased: Michael Evans
Sex: Male | | Name of Deceased: Michael Evans
Sex: Male | |



| | | | |
|--|--|--|--|
| Name of Deceased: Michael Evans
Sex: Male | | Name of Deceased: Michael Evans
Sex: Male | |
| Name of Deceased: Michael Evans
Sex: Male | | Name of Deceased: Michael Evans
Sex: Male | |
| Name of Deceased: Michael Evans
Sex: Male | | Name of Deceased: Michael Evans
Sex: Male | |
| Name of Deceased: Michael Evans
Sex: Male | | Name of Deceased: Michael Evans
Sex: Male | |



| | | | |
|--|--|--|--|
| Name of Deceased: Michael Evans
Sex: Male | | Name of Deceased: Michael Evans
Sex: Male | |
| Name of Deceased: Michael Evans
Sex: Male | | Name of Deceased: Michael Evans
Sex: Male | |
| Name of Deceased: Michael Evans
Sex: Male | | Name of Deceased: Michael Evans
Sex: Male | |
| Name of Deceased: Michael Evans
Sex: Male | | Name of Deceased: Michael Evans
Sex: Male | |

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-101
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | |
|--|---|-------------------------|-----------------------------------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Myrtle Marie Johnson | | | 2. Date (month) (day) (year)
Of Birth December 21st 1895 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
IDAHO | a. County
Pocatello | |
| FATHER | 6. Full Name of Father
Halvor Johnson | | | 7. State or Country of Father's Birth
Norway | |
| MOTHER | 8. Full Maiden Name of Mother
Valbor Cecil Dorthis Gurine Hanson | | | 9. State or Country of Mother's Birth
Norway | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Myrtle Marie Johnson</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>December 21, 1958</i> | | | 11. Present Address of Registrant
137 N. 7th Street
San Jose, California
12. Signature of Notary
<i>John J. Turner</i>
13. Notary Commission expires
<i>July 21, 1958</i> | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|--|--|--|---|
| SUPPORTING
RECORD 1. | Type of Document
School Record | | By whom issued and signed
Multnomah Co., Portland, Ore.
concerning Dist. #2, St. Johns | | Date issued
7-19-54 |
| | Date of Birth
age 11 | Birth Place
--- | Full Name of Mother
Mrs. Cecil Johnson | | Date Orig. Entry
Feb. 1907 |
| SUPPORTING
RECORD 2. | Type of Document
Marriage Record | | By whom issued and signed
Santa Clara Co., Calif. | | Date issued
7-1-54 |
| | Date of Birth
age 22 | Birth Place
Idaho | Full Name of Mother
Volber Hansen | | Date Orig. Entry
Feb. 3, 1918 |
| SUPPORTING
RECORD 3. | Type of Document (born 1882)
Affidavit by brother, age 75 | | By whom issued and signed
Howard M. Johnson | | Date issued
1-24-58 |
| | Date of Birth
Dec. 21, 1895 | Birth Place
Pocatello, Idaho | Full Name of Mother
Valbor Cecil Johnson | | Date Orig. Entry
Halvor Johnson |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
nr Nancy Richards | | Date Filed
Feb. 12, 1958 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

RECEIVED
JAN 11 1938

DATE OF BIRTH: 1908
PLACE OF BIRTH: IDAHO

NAME: MYRTLE MARIE JOHNSON
SEX: FEMALE

NAME: VALBY JOHNSON
PLACE OF BIRTH: IDAHO

NAME: VALBY GEORGE JOHNSON
PLACE OF BIRTH: IDAHO

NAME: VALBY GEORGE JOHNSON
PLACE OF BIRTH: IDAHO

NAME: VALBY GEORGE JOHNSON
PLACE OF BIRTH: IDAHO

NAME: VALBY GEORGE JOHNSON
PLACE OF BIRTH: IDAHO

NAME: VALBY GEORGE JOHNSON
PLACE OF BIRTH: IDAHO

NAME: VALBY GEORGE JOHNSON
PLACE OF BIRTH: IDAHO

NAME: VALBY GEORGE JOHNSON
PLACE OF BIRTH: IDAHO

NAME: VALBY GEORGE JOHNSON
PLACE OF BIRTH: IDAHO

NAME: VALBY GEORGE JOHNSON
PLACE OF BIRTH: IDAHO

NAME: VALBY GEORGE JOHNSON
PLACE OF BIRTH: IDAHO

NAME: VALBY GEORGE JOHNSON
PLACE OF BIRTH: IDAHO

NAME: VALBY GEORGE JOHNSON
PLACE OF BIRTH: IDAHO

NAME: VALBY GEORGE JOHNSON
PLACE OF BIRTH: IDAHO

NAME: VALBY GEORGE JOHNSON
PLACE OF BIRTH: IDAHO

NAME: VALBY GEORGE JOHNSON
PLACE OF BIRTH: IDAHO

291-19-028-915

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-118

| | | | | | | |
|--|---|-----------------------|--------------------------------------|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Captain Alferd Bradbury | | | 2. Date (month) (day) (year)
Of Birth 8 19 1895 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Rathdrum | a. County
Kootenai | b. City or Town of Birth
Rathdrum, Idaho | |
| FATHER | 6. Full Name of Father
Edgar Harrison Bradbury | | | 7. State or Country of Father's Birth
Minnesota | | |
| MOTHER | 8. Full Maiden Name of Mother
Pearly Louise Range | | | 9. State or Country of Mother's Birth
Pennsylvania Erie | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Captain Alferd Bradbury</i> | | 11. Present Address of Registrant
Rt. #1, Rathdrum |
| NOTARY (Seal) | Subscribed and sworn to before me on
Nov. 1st 1957 | | | 12. Signature of Notary
<i>Kenneth F. Hesse</i> | | 13. Notary Commission expires
NOTARY PUBLIC for the State of Idaho
residing at Rathdrum, Idaho 19 1/25/59 |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|---------------------------------------|---|--|--|--|
| SUPPORTING
RECORD 1. | Type of Document
Social Security Record | | By whom issued and signed
Treasury Dept. | | Date issued | Date Orig. Entry
Dec. 2, 1936 |
| | Date of Birth
Aug. 19, 1895 | Birth Place
Rathdrum, Idaho | Full Name of Mother
Pearl Range | | Name of Father
Edgar Harrison Bradbury | |
| SUPPORTING
RECORD 2. | Type of Document
School Record | | By whom issued and signed
Lakeland Class A School Dist. No. 272, Rathdrum, Ida. | | Date issued
11-27-57 | Date Orig. Entry
Sept. 3, 1900 |
| | Date of Birth
age 5 | Birth Place
---- | Full Name of Mother
---- | | Name of Father
---- | |
| SUPPORTING
RECORD 3. | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #190547 | | Date issued | Date Orig. Entry
child born April 17, 1931 |
| | Date of Birth
age 35 | Birth Place
Rathdrum, Idaho | Full Name of Mother
---- | | Name of Father
---- | |
| QUALIFYING
INFORMATION | Affidavit by person knowing of birth, Henry G. Reiniger, age 78, of Rathdrum, Ida.; | | | | | |
| | 11-26-57: Captain Alferd Bradbury born on Aug. 19, 1895 at Rathdrum, Idaho. | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. Benson</i> | | Evidence reviewed by
Nancy Richards | | | Date Filed
Feb. 14, 1958 |

DELAWARE CERTIFICATE OF BIRTH STATE OF DELAWARE

FEB 14 1933

| | | | | |
|---------------|----------------|----------------|----------------|----------------|
| NAME OF CHILD | DATE OF BIRTH | PLACE OF BIRTH | NAME OF MOTHER | NAME OF FATHER |
| JOHN WILLIAM | 1932 | NEW YORK | JOHN WILLIAM | JOHN WILLIAM |
| DATE OF BIRTH | PLACE OF BIRTH | NAME OF MOTHER | NAME OF FATHER | NAME OF FATHER |
| 1932 | NEW YORK | JOHN WILLIAM | JOHN WILLIAM | JOHN WILLIAM |
| DATE OF BIRTH | PLACE OF BIRTH | NAME OF MOTHER | NAME OF FATHER | NAME OF FATHER |
| 1932 | NEW YORK | JOHN WILLIAM | JOHN WILLIAM | JOHN WILLIAM |



| | | | | |
|---------------|----------------|----------------|----------------|----------------|
| NAME OF CHILD | DATE OF BIRTH | PLACE OF BIRTH | NAME OF MOTHER | NAME OF FATHER |
| JOHN WILLIAM | 1932 | NEW YORK | JOHN WILLIAM | JOHN WILLIAM |
| DATE OF BIRTH | PLACE OF BIRTH | NAME OF MOTHER | NAME OF FATHER | NAME OF FATHER |
| 1932 | NEW YORK | JOHN WILLIAM | JOHN WILLIAM | JOHN WILLIAM |
| DATE OF BIRTH | PLACE OF BIRTH | NAME OF MOTHER | NAME OF FATHER | NAME OF FATHER |
| 1932 | NEW YORK | JOHN WILLIAM | JOHN WILLIAM | JOHN WILLIAM |



| | | | | |
|---------------|----------------|----------------|----------------|----------------|
| NAME OF CHILD | DATE OF BIRTH | PLACE OF BIRTH | NAME OF MOTHER | NAME OF FATHER |
| JOHN WILLIAM | 1932 | NEW YORK | JOHN WILLIAM | JOHN WILLIAM |
| DATE OF BIRTH | PLACE OF BIRTH | NAME OF MOTHER | NAME OF FATHER | NAME OF FATHER |
| 1932 | NEW YORK | JOHN WILLIAM | JOHN WILLIAM | JOHN WILLIAM |
| DATE OF BIRTH | PLACE OF BIRTH | NAME OF MOTHER | NAME OF FATHER | NAME OF FATHER |
| 1932 | NEW YORK | JOHN WILLIAM | JOHN WILLIAM | JOHN WILLIAM |

415-230-036-192

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-175

| | | | | | | |
|--|---|--------------------|---|----------------------------------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Sarah Maud Davis</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Oct. 30</i> <i>1895</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>F</i> | 5. Place of Birth
<i>Pleasantview, Idaho</i> | a. County
<i>Pleasantview</i> | b. City or Town, of Birth
<i>Pleasantview</i> | |
| FATHER | 6. Full Name of Father
<i>Edward Henry Davis</i> | | | | 7. State or Country of Father's Birth
<i>Idaho</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Esther Rebecca Arbon</i> | | | | 9. State or Country of Mother's Birth
<i>Utah</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Sarah Maud Davis</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>February 2</i> 19 <i>58</i> | | | | 11. Present Address of Registrant
<i>Pocatello, Idaho</i>
<i>320 North 12th St.</i> | |
| | 12. Signature of Notary
<i>A. D. Brunkell</i> | | | | 13. Notary Commission expires
<i>Sept. 30</i> 19 <i>60</i> | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|---|--|--|---|
| SUPPORTING
RECORD 1- | Type of Document (born 9-25-1875)
Affidavit by relative who knew of the birth | | By whom issued and signed
Joseph N. Arbon | | Date issued
2-3-58 |
| | Date of Birth
<i>Oct. 30,</i>
<i>1895</i> | Birth Place
<i>Oneida Co.,</i>
<i>Pleasantview, Idaho</i> | Full Name of Mother
<i>Esther Rebecca Arbon Davis</i> | | Name of Father
<i>Edward Henry Davis</i> |
| SUPPORTING
RECORD 2- | Type of Document
Marriage Record | | By whom issued and signed
Bannock County Recorder, Ida. | | Date issued
2-20-58 |
| | Date of Birth
age 19 | Birth Place
---- | Full Name of Mother
----- | | Name of Father
----- |
| SUPPORTING
RECORD 3- | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #238554 | | Date issued |
| | Date of Birth
age 40 | Birth Place
<i>Pleasant View, Idaho</i> | Full Name of Mother
---- | | Date Orig. Entry
child born
Dec. 24, 1935 |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar | | Evidence reviewed by
<i>nr</i> <i>Nancy Richards</i> | | Date Filed
<i>March 4, 1958</i> |

DEPARTMENT OF BIRTH

STATE OF IOWA

| | | | | | | | | | |
|--|--|---|--|---|--|---|--|--|--|
| <p>1. Name of child at birth</p> <p><i>John William Smith</i></p> | | <p>2. Date of birth</p> <p><i>Jan 15 1900</i></p> | | <p>3. Place of birth</p> <p><i>Clinton County, Iowa</i></p> | | <p>4. Name of father</p> <p><i>John William Smith</i></p> | | <p>5. Name of mother</p> <p><i>Elizabeth Ann Smith</i></p> | |
| <p>6. Name of child at present</p> <p><i>John William Smith</i></p> | | <p>7. Date of present registration</p> <p><i>Jan 15 1900</i></p> | | <p>8. Place of present registration</p> <p><i>Clinton County, Iowa</i></p> | | <p>9. Name of father at present</p> <p><i>John William Smith</i></p> | | <p>10. Name of mother at present</p> <p><i>Elizabeth Ann Smith</i></p> | |
| <p>11. Name of child at birth</p> <p><i>John William Smith</i></p> | | <p>12. Date of birth</p> <p><i>Jan 15 1900</i></p> | | <p>13. Place of birth</p> <p><i>Clinton County, Iowa</i></p> | | <p>14. Name of father</p> <p><i>John William Smith</i></p> | | <p>15. Name of mother</p> <p><i>Elizabeth Ann Smith</i></p> | |
| <p>16. Name of child at present</p> <p><i>John William Smith</i></p> | | <p>17. Date of present registration</p> <p><i>Jan 15 1900</i></p> | | <p>18. Place of present registration</p> <p><i>Clinton County, Iowa</i></p> | | <p>19. Name of father at present</p> <p><i>John William Smith</i></p> | | <p>20. Name of mother at present</p> <p><i>Elizabeth Ann Smith</i></p> | |



813-111-037-216

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-208

| | | | | | |
|--|---|----------------|-----------------------------|---|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Erick Fredrick Hallberg | | | 2. Date (month) (day) (year)
Of Birth June 11th. 1895 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Owyhee | a. County
b. City or Town of Birth
Wilson, Idaho. | |
| FATHER | 6. Full Name of Father
Albin Hallberg | | | 7. State or Country of Father's Birth
Sweden. | |
| MOTHER | 8. Full Maiden Name of Mother
Helena Maria Sjoman | | | 9. State or Country of Mother's Birth
Sweden. | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Erick Fredrick Hallberg</i> | 11. Present Address of Registrant
<i>Tieman, Oregon.</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>January 6 - 1958</i> | | | 12. Signature of Notary
<i>Evelyn Scherer</i> | 13. Notary Commission expires
<i>May 30 - 1959</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|------------------------------|--|--|----------------------------------|---|
| SUPPORTING
RECORD 1. | Type of Document
Membership Card | | By whom issued and signed
Brotherhood of Painters,
Decorators & Paperhangers | | Date issued | Date Orig. Entry
Aug. 14, 1942 |
| | Date of Birth
June 11,
1895 | Birth Place
--- | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING
RECORD 2. | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #186709 | | Date issued | Date Orig. Entry
child born
Nov. 25, 1930 |
| | Date of Birth
age 35 | Birth Place
Wilson, Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING
RECORD 3. | Type of Document
Affidavit by mother | | By whom issued and signed
Helena Maria Hallberg | | Date issued
2-5-58 | Date Orig. Entry |
| | Date of Birth
June 11,
1895 | Birth Place
Wilson, Idaho | Full Name of Mother
Helena Maria Hallberg | | Name of Father
Albin Hallberg | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---|------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
nr Nancy Richards | Date Filed
March 12, 1958 |

MAR 13 1960

[illegible]

693-215-040-759

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHOState File No. **De58-237**

| | | | | | | |
|--|--|-------------------------------------|--|---|---|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Rose Wilson | | | | 2. Date (month) (day) (year)
Of Birth December 15, 1895 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Shoshone County, Idaho | | b. City or Town of Birth
Fraser | |
| FATHER | 6. Full Name of Father
William P. Wilson | | | | 7. State or Country of Father's Birth
Iowa | |
| MOTHER | 8. Full Maiden Name of Mother
Burdell Gerren | | | | 9. State or Country of Mother's Birth
Iowa | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Rose Wilson</i> McNall | | 11. Present Address of Registrant
5273 'K' Street
Sacramento, California |
| NOTARY (Seal) | Subscribed and sworn to before me on
February 26, 1958 | | | 12. Signature of Notary
<i>Beatrice M. Smith</i> | | 13. Notary Commission expires
Notary Public in and for the County
of Sacramento, State of California
7-23-1960 |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING
RECORD 1- | Type of Document
Federal Census Record | | By whom issued and signed
U. S. Bureau of the Census | | Date issued
2-10-58 | Date Orig. Entry
June 1, 1900 |
| | Date of Birth
Dec. 1895
(age 4) | Birth Place
Idaho | Full Name of Mother
Burdell Wilson | | Name of Father
William Wilson | |
| SUPPORTING
RECORD 2- | Type of Document
(15 years older)
Affidavit by brother | | By whom issued and signed
Thomas G. Wilson | | Date issued
1-29-58 | Date Orig. Entry |
| | Date of Birth
Dec. 15, 1895 | Birth Place
Fraser, Idaho | Full Name of Mother
Burdell Wilson | | Name of Father
William P. Wilson | |
| SUPPORTING
RECORD 3- | Type of Document
Bible Record Photostat | | By whom issued and signed
Original viewed by Notary Public,
Ivan C. Hoyer; Cottage Grove, Ore. | | Date issued
12-23-54 | Date Orig. Entry
old record |
| | Date of Birth
Dec. 15, 1895 | Birth Place
— | Full Name of Mother
Burdell Wilson | | Name of Father
Wm. P. Wilson | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar | | Evidence reviewed by
Nancy Richards | | Date Filed
March 19, 1958 | |

DETACHED CERTIFICATE OF BIRTH

STATE OF IOWA

MAR 19 1900

| | |
|--|---|
| <p>State of Iowa, County of Shoemaker, Town of Shoemaker, Birth of Robert Wilson, born March 19, 1900, at Shoemaker, Iowa, to Robert Wilson and Elizabeth Wilson, his wife.</p> | <p>Robert Wilson
 Father
 Elizabeth Wilson
 Mother
 Shoemaker, Iowa
 Place of Birth
 March 19, 1900
 Date of Birth
 Robert Wilson
 Name of Child</p> |
|--|---|



| | |
|--|---|
| <p>State of Iowa, County of Shoemaker, Town of Shoemaker, Birth of Robert Wilson, born March 19, 1900, at Shoemaker, Iowa, to Robert Wilson and Elizabeth Wilson, his wife.</p> | <p>Robert Wilson
 Father
 Elizabeth Wilson
 Mother
 Shoemaker, Iowa
 Place of Birth
 March 19, 1900
 Date of Birth
 Robert Wilson
 Name of Child</p> |
|--|---|



| | |
|--|---|
| <p>State of Iowa, County of Shoemaker, Town of Shoemaker, Birth of Robert Wilson, born March 19, 1900, at Shoemaker, Iowa, to Robert Wilson and Elizabeth Wilson, his wife.</p> | <p>Robert Wilson
 Father
 Elizabeth Wilson
 Mother
 Shoemaker, Iowa
 Place of Birth
 March 19, 1900
 Date of Birth
 Robert Wilson
 Name of Child</p> |
|--|---|

818-24-003-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. **De58-244**

| | | | | | |
|---|--|--|--|---|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Irene Hayes | | | 2. Date (month) (day) (year)
Of Birth February 14 1895 | |
| FATHER | 3. Color or Race White 4. Sex Female 5. Place of Birth a. County Bannock | | | b. City or Town of Birth
Pocatello, Idaho | |
| MOTHER | 6. Full Name of Father
R. J. Hayes | | | 7. State or Country of Father's Birth
New York State | |
| AFFIDAVIT | 8. Full Maiden Name of Mother
Mary R. Wilbur | | | 9. State or Country of Mother's Birth
Montana | |
| NOTARY (Seal) | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

March 7 1958 | | | 10. Signature of Registrant (<i>Irene</i>)
Mrs. A.T. Schellberg
11. Present Address of Registrant
425 So. 7th Pocatello, Idaho
12. Signature of Notary
Miss Mary Wilbur
13. Notary Commission expires
Dec 24 1960
Antingat Pocatello Idaho | |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
| SUPPORTING RECORD 1- | Type of Document (age 90)
Affidavit by mother's sister | | By whom issued and signed
Lila Franklin | | Date issued
1-30-58
Date Orig. Entry |
| SUPPORTING RECORD 2- | Date of Birth Feb. 14, 1895 Birth Place Bannock Co. Pocatello, Idaho | | Full Name of Mother
Mary R. Hayes | | Name of Father (attending physician—)
R. J. Hayes J.H. Bean |
| SUPPORTING RECORD 3- | Type of Document
Attending Physician's Record-photograph and affidavit | | By whom issued and signed
Rose Priestly, possessor of medical record of Dr. J.H. Bean of Pocatello, now deceased | | Date issued
1-21-58
Date Orig. Entry
Feb. 14, 1895 |
| QUALIFYING INFORMATION | Date of Birth Feb. 14, 1895 Birth Place ---- | | Full Name of Mother
---- | | Name of Father
R. J. Hayes |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. W. Benson | | | Evidence reviewed by
nr Nancy Richards
Date Filed
March 20, 1958 | |

UNCLASSIFIED

1542-2-33

CONFIDENTIAL

Subject: [Illegible]

82-5021

Letter to: _____

1994

... ..

100

SECRET

姓名: _____ 性别: _____ 年龄: _____ 职业: _____

10-10-68

7-15-54 TO 7-16-54

1990

[illegible]

13

SECRET

第 17 条

about 1940

Abstract

415-224-001-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-337

| | | | | | | |
|---|---|--------------------|-----------------------------------|---|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Margaret Elizabeth Davidson | | | 2. Date (month) (day) (year)
Of Birth 24th April 1895 | | |
| | 3. Color or Race
White | 4. Sex
F | 5. Place of Birth
Boise | a. County
Ada | b. City or Town of Birth
Boise, Idaho | |
| FATHER | 6. Full Name of Father
William Franklin Davidson | | | 7. State or Country of Father's Birth
Missouri | | |
| MOTHER | 8. Full Maiden Name of Mother
Bridget Ellen Brock | | | 9. State or Country of Mother's Birth
Missouri | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Margaret E. Davidson</i> | | 11. Present Address of Registrant
Parma, Idaho. |
| NOTARY (Seal) | Subscribed and sworn to before me on
March 13th 19 58 | | | 12. Signature of Notary
<i>Ernest Linderson</i> | | 13. Notary Commission expires
February kk, 19 62 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-----------------------------|---|--|---|--|---|--|
| SUPPORTING RECORD 1- | Type of Document
Insurance Policy | | By whom issued and signed
Idaho Mutual Benefit Assoc. | | Date Issued
6-8-45 | Date Orig. Entry
June 7, 1945 |
| | Date of Birth
April 24, 1895 | Birth Place
Boise, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 2- | Type of Document (10 yrs. senior)
Affidavit by sister | | By whom issued and signed
Mattie E. Dillon | | Date Issued
3-3-58 | Date Orig. Entry |
| | Date of Birth
April 24, 1895 | Birth Place
Ada Co. Boise, Idaho | Full Name of Mother
Ellen Davidson | | Name of Father
William Davidson | |
| SUPPORTING RECORD 3- | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #134701 | | Date Issued | Date Orig. Entry
child born Sept. 19, 1925 |
| | Date of Birth
age 30 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|--|-------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Jensen</i> | Evidence reviewed by
nr Nancy Richards | Date Filed
April 24, 1958 |

APR 24 1966

33-62

| | |
|---|---|
| <p>1. Name of person or organization
 William Franklin Davidson</p> <p>2. Address of person or organization
 1111 17th Street, N.W., Washington, D.C.</p> <p>3. Date of birth or date of organization
 1911</p> <p>4. Place of birth or place of organization
 USA</p> <p>5. Name of person or organization
 William Franklin Davidson</p> <p>6. Address of person or organization
 1111 17th Street, N.W., Washington, D.C.</p> <p>7. Date of birth or date of organization
 1911</p> <p>8. Place of birth or place of organization
 USA</p> <p>9. Name of person or organization
 William Franklin Davidson</p> <p>10. Address of person or organization
 1111 17th Street, N.W., Washington, D.C.</p> <p>11. Date of birth or date of organization
 1911</p> <p>12. Place of birth or place of organization
 USA</p> | <p>1. Name of person or organization
 William Franklin Davidson</p> <p>2. Address of person or organization
 1111 17th Street, N.W., Washington, D.C.</p> <p>3. Date of birth or date of organization
 1911</p> <p>4. Place of birth or place of organization
 USA</p> <p>5. Name of person or organization
 William Franklin Davidson</p> <p>6. Address of person or organization
 1111 17th Street, N.W., Washington, D.C.</p> <p>7. Date of birth or date of organization
 1911</p> <p>8. Place of birth or place of organization
 USA</p> <p>9. Name of person or organization
 William Franklin Davidson</p> <p>10. Address of person or organization
 1111 17th Street, N.W., Washington, D.C.</p> <p>11. Date of birth or date of organization
 1911</p> <p>12. Place of birth or place of organization
 USA</p> |
|---|---|

258-16-040-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. **De58-346**

| | | | | | | |
|---|--|------------------------------------|--|--|---|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Earl Wesley Snyder | | | | 2. Date (month) (day) (year)
Of Birth October 16 1895 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Shoshone | | b. City or Town of Birth
Burke, Idaho | |
| FATHER | 6. Full Name of Father
James Edward Snyder | | | | 7. State or Country of Father's Birth
Pendleton, Oregon | |
| MOTHER | 8. Full Maiden Name of Mother
Amy Louetta Wilkes | | | | 9. State or Country of Mother's Birth
Washington | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Earl Wesley Snyder</i> | | 11. Present Address of Registrant
Sunnyside, Washington |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>January 6th</i> 1958 | | | 12. Signature of Notary
<i>Phyllis R. Schorder</i> | | 13. Notary Commission expires
<i>January 30</i> 1961 |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING RECORD 1- | Type of Document
Social Security Record | | By whom issued and signed
Treasury Dept. | | Date Issued | Date Orig. Entry
May 24, 1937 |
| | Date of Birth
Oct. 16, 1895 | Birth Place
Burke, Idaho | Full Name of Mother
Amy Louetta Wilks | | Name of Father
James Edward Snyder | |
| SUPPORTING RECORD 2- | Type of Document
Affidavit by mother | | By whom issued and signed
Mrs. Amy Bath | | Date issued
12-10-56 | Date Orig. Entry |
| | Date of Birth
Oct. 16, 1895 | Birth Place
Burke, Idaho | Full Name of Mother
Amy Wilkes Snyder | | Name of Father
James Edward Snyder | |
| SUPPORTING RECORD 3- | Type of Document
own child's birth certificate | | By whom issued and signed
Washington Reg. No. 88 | | Date issued | Date Orig. Entry
child born May 4, 1932 |
| | Date of Birth
age 36 | Birth Place
Burke, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| QUALIFYING INFORMATION | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. W. Jensen</i> | | Evidence reviewed by
nr Nancy Richards | | | Date Filed
April 25, 1958 |

012-3750

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|--------|
| 1944 | 1945 | 1946 | 1947 | 1948 | 1949 | 1950 | 1951 | 1952 | 1953 | 1954 | 1955 | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 | 1966 | 1967 | 1968 | 1969 | 1970 | 1971 | 1972 | 1973 | 1974 | 1975 | 1976 | 1977 | 1978 | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 | 2027 | 2028 | 2029 | 2030 | 2031 | 2032 | 2033 | 2034 | 2035 | 2036 | 2037 | 2038 | 2039 | 2040 | 2041 | 2042 | 2043 | 2044 | 2045 | 2046 | 2047 | 2048 | 2049 | 2050 | 2051 | 2052 | 2053 | 2054 | 2055 | 2056 | 2057 | 2058 | 2059 | 2060 | 2061 | 2062 | 2063 | 2064 | 2065 | 2066 | 2067 | 2068 | 2069 | 2070 | 2071 | 2072 | 2073 | 2074 | 2075 | 2076 | 2077 | 2078 | 2079 | 2080 | 2081 | 2082 | 2083 | 2084 | 2085 | 2086 | 2087 | 2088 | 2089 | 2090 | 2091 | 2092 | 2093 | 2094 | 2095 | 2096 | 2097 | 2098 | 2099 | 2100 | 2101 | 2102 | 2103 | 2104 | 2105 | 2106 | 2107 | 2108 | 2109 | 2110 | 2111 | 2112 | 2113 | 2114 | 2115 | 2116 | 2117 | 2118 | 2119 | 2120 | 2121 | 2122 | 2123 | 2124 | 2125 | 2126 | 2127 | 2128 | 2129 | 2130 | 2131 | 2132 | 2133 | 2134 | 2135 | 2136 | 2137 | 2138 | 2139 | 2140 | 2141 | 2142 | 2143 | 2144 | 2145 | 2146 | 2147 | 2148 | 2149 | 2150 | 2151 | 2152 | 2153 | 2154 | 2155 | 2156 | 2157 | 2158 | 2159 | 2160 | 2161 | 2162 | 2163 | 2164 | 2165 | 2166 | 2167 | 2168 | 2169 | 2170 | 2171 | 2172 | 2173 | 2174 | 2175 | 2176 | 2177 | 2178 | 2179 | 2180 | 2181 | 2182 | 2183 | 2184 | 2185 | 2186 | 2187 | 2188 | 2189 | 2190 | 2191 | 2192 | 2193 | 2194 | 2195 | 2196 | 2197 | 2198 | 2199 | 2200 | 2201 | 2202 | 2203 | 2204 | 2205 | 2206 | 2207 | 2208 | 2209 | 2210 | 2211 | 2212 | 2213 | 2214 | 2215 | 2216 | 2217 | 2218 | 2219 | 2220 | 2221 | 2222 | 2223 | 2224 | 2225 | 2226 | 2227 | 2228 | 2229 | 2230 | 2231 | 2232 | 2233 | 2234 | 2235 | 2236 | 2237 | 2238 | 2239 | 2240 | 2241 | 2242 | 2243 | 2244 | 2245 | 2246 | 2247 | 2248 | 2249 | 2250 | 2251 | 2252 | 2253 | 2254 | 2255 | 2256 | 2257 | 2258 | 2259 | 2260 | 2261 | 2262 | 2263 | 2264 | 2265 | 2266 | 2267 | 2268 | 2269 | 2270 | 2271 | 2272 | 2273 | 2274 | 2275 | 2276 | 2277 | 2278 | 2279 | 2280 | 2281 | 2282 | 2283 | 2284 | 2285 | 2286 | 2287 | 2288 | 2289 | 2290 | 2291 | 2292 | 2293 | 2294 | 2295 | 2296 | 2297 | 2298 | 2299 | 2300 | 2301 | 2302 | 2303 | 2304 | 2305 | 2306 | 2307 | 2308 | 2309 | 2310 | 2311 | 2312 | 2313 | 2314 | 2315 | 2316 | 2317 | 2318 | 2319 | 2320 | 2321 | 2322 | 2323 | 2324 | 2325 | 2326 | 2327 | 2328 | 2329 | 2330 | 2331 | 2332 | 2333 | 2334 | 2335 | 2336 | 2337 | 2338 | 2339 | 2340 | 2341 | 2342 | 2343 | 2344 | 2345 | 2346 | 2347 | 2348 | 2349 | 2350 | 2351 | 2352</ |
|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|--------|

1999-2000 To 2000-2001

and a letter to Council is also

...to be ...
...to be ...
...to be ...

22. 22

14

[illegible]

12-10-75

1944-1945

| | | |
|------------------|-------------|-----------------|
| DATE: 11/15/54 | TIME: 11:54 | BY: [illegible] |
| [illegible text] | | |

CONFIDENTIAL

100-443887-100

SECRET

Figure 1. The effect of the concentration of the *Agrobacterium* suspension on the transformation efficiency of *Agrobacterium* strains.

FORWARDED TO DIRECTOR, FBI, AND FBI, NEW YORK, BY AIR MAIL, 1/10/50.

18. 1948-1949

1950 WORKS PRODUCTION CO. - 1950-1951

100-101-102-103-104-105-106-107-108-109-110-111-112-113-114-115-116-117-118-119-120-121-122-123-124-125-126-127-128-129-130-131-132-133-134-135-136-137-138-139-140-141-142-143-144-145-146-147-148-149-150-151-152-153-154-155-156-157-158-159-160-161-162-163-164-165-166-167-168-169-170-171-172-173-174-175-176-177-178-179-180-181-182-183-184-185-186-187-188-189-190-191-192-193-194-195-196-197-198-199-200-201-202-203-204-205-206-207-208-209-210-211-212-213-214-215-216-217-218-219-220-221-222-223-224-225-226-227-228-229-230-231-232-233-234-235-236-237-238-239-240-241-242-243-244-245-246-247-248-249-250-251-252-253-254-255-256-257-258-259-260-261-262-263-264-265-266-267-268-269-270-271-272-273-274-275-276-277-278-279-280-281-282-283-284-285-286-287-288-289-290-291-292-293-294-295-296-297-298-299-300-301-302-303-304-305-306-307-308-309-310-311-312-313-314-315-316-317-318-319-320-321-322-323-324-325-326-327-328-329-330-331-332-333-334-335-336-337-338-339-340-341-342-343-344-345-346-347-348-349-350-351-352-353-354-355-356-357-358-359-360-361-362-363-364-365-366-367-368-369-370-371-372-373-374-375-376-377-378-379-380-381-382-383-384-385-386-387-388-389-390-391-392-393-394-395-396-397-398-399-400-401-402-403-404-405-406-407-408-409-410-411-412-413-414-415-416-417-418-419-420-421-422-423-424-425-426-427-428-429-430-431-432-433-434-435-436-437-438-439-440-441-442-443-444-445-446-447-448-449-450-451-452-453-454-455-456-457-458-459-460-461-462-463-464-465-466-467-468-469-470-471-472-473-474-475-476-477-478-479-480-481-482-483-484-485-486-487-488-489-490-491-492-493-494-495-496-497-498-499-500-501-502-503-504-505-506-507-508-509-510-511-512-513-514-515-516-517-518-519-520-521-522-523-524-525-526-527-528-529-530-531-532-533-534-535-536-537-538-539-540-541-542-543-544-545-546-547-548-549-550-551-552-553-554-555-556-557-558-559-560-561-562-563-564-565-566-567-568-569-570-571-572-573-574-575-576-577-578-579-580-581-582-583-584-585-586-587-588-589-590-591-592-593-594-595-596-597-598-599-600-601-602-603-604-605-606-607-608-609-610-611-612-613-614-615-616-617-618-619-620-621-622-623-624-625-626-627-628-629-630-631-632-633-634-635-636-637-638-639-640-641-642-643-644-645-646-647-648-649-650-651-652-653-654-655-656-657-658-659-660-661-662-663-664-665-666-667-668-669-670-671-672-673-674-675-676-677-678-679-680-681-682-683-684-685-686-687-688-689-690-691-692-693-694-695-696-697-698-699-700-701-702-703-704-705-706-707-708-709-710-711-712-713-714-715-716-717-718-719-720-721-722-723-724-725-726-727-728-729-730-731-732-733-734-735-736-737-738-739-740-741-742-743-744-745-746-747-748-749-750-751-752-753-754-755-756-757-758-759-760-761-762-763-764-765-766-767-768-769-770-771-772-773-774-775-776-777-778-779-780-781-782-783-784-785-786-787-788-789-790-791-792-793-794-795-796-797-798-799-800-801-802-803-804-805-806-807-808-809-810-811-812-813-814-815-816-817-818-819-820-821-822-823-824-825-826-827-828-829-830-831-832-833-834-835-836-837-838-839-840-841-842-843-844-845-846-847-848-849-850-851-852-853-854-855-856-857-858-859-860-861-862-863-864-865-866-867-868-869-870-871-872-873-874-875-876-877-878-879-880-881-882-883-884-885-886-887-888-889-890-891-892-893-894-895-896-897-898-899-900-901-902-903-904-905-906-907-908-909-910-911-912-913-914-915-916-917-918-919-920-921-922-923-924-925-926-927-928-929-930-931-932-933-934-935-936-937-938-939-940-941-942-943-944-945-946-947-948-949-950-951-952-953-954-955-956-957-958-959-960-961-962-963-964-965-966-967-968-969-970-971-972-973-974-975-976-977-978-979-980-981-982-983-984-985-986-987-988-989-990-991-992-993-994-995-996-997-998-999-1000-1001-1002-1003-1004-1005-1006-1007-1008-1009-1010-1011-1012-1013-1014-1015-1016-1017-1018-1019-1020-1021-1022-1023-1024-1025-1026-1027-1028-1029-1030-1031-1032-1033-1034-1035-1036-1037-1038-1039-1040-1041-1042-1043-1044-1045-1046-1047-1048-1049-1050-1051-1052-1053-1054-1055-1056-1057-1058-1059-1060-1061-1062-1063-1064-1065-1066-1067-1068-1069-1070-1071-1072-1073-1074-1075-1076-1077-1078-1079-1080-1081-1082-1083-1084-1085-1086-1087-1088-1089-1090-1091-1092-1093-1094-1095-1096-1097-1098

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10-10-2001 BY 60322 UCBAW

10-10-1964

as indicated on the

00867

APR 25 1962

1964

[Faint, illegible markings]

1954年 12月 10日

1950年10月1日

100-443881-78

097-18-000

097-18-000

SECRET
NO. 100-447891

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10-10-2001 BY SP-6 BTJ/KJS

7-10-68

SECRET

[Faint, illegible markings]

1. The total number of persons in the household is 10. The number of persons in the household who are under 18 years of age is 4. The number of persons in the household who are 18 years of age or over is 6. The number of persons in the household who are under 18 years of age and are not related to the head of the household is 2. The number of persons in the household who are 18 years of age or over and are not related to the head of the household is 4. The number of persons in the household who are under 18 years of age and are related to the head of the household is 2. The number of persons in the household who are 18 years of age or over and are related to the head of the household is 4. The number of persons in the household who are under 18 years of age and are not related to the head of the household is 2. The number of persons in the household who are 18 years of age or over and are not related to the head of the household is 4. The number of persons in the household who are under 18 years of age and are related to the head of the household is 2. The number of persons in the household who are 18 years of age or over and are related to the head of the household is 4.

1941-1942

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-447
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | |
|--|---|--------|---|--|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Eva Rosana Long</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>Dec.</u> <u>20</u> <u>1895</u> | | |
| | 3. Color or Race
<u>White</u> | 4. Sex | 5. Place of Birth a. County
<u>Idaho Falls</u> | | b. City or Town of Birth | | |
| FATHER | 6. Full Name of Father
<u>Addison Issac Long</u> | | | | 7. State or Country of Father's Birth
<u>Missouri</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Lillie Adelaide Stinger</u> | | | | 9. State or Country of Mother's Birth
<u>Utah</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant <u>Notary</u>
<u>Hazel L. Hurlbert</u> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on <u>May 27</u> 19 <u>58</u> | | | | 11. Present Address of Registrant
<u>1718 50th Ave.</u>
<u>Oakland, 1, Calif.</u> | | |
| | 12. Signature of Notary Registrant
<u>Eva Rosana Long</u> | | | | 13. Notary Commission expires
<u>Sept 28, 1968</u>
<u>1718 50th Ave</u> 19 <u> </u> | | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | | |
|---|--|--|--|--|---|-----------------------------------|--|
| SUPPORTING
RECORD 1- | Type of Document
<u>Affidavit by Sister-Age 75</u> | | By whom issued and signed
<u>Ada Headlee</u> | | Date issued
<u>June 20, 1956</u> | Date Orig. Entry | |
| | Date of Birth
<u>Dec 20, 1895</u> | Birth Place
<u>Idaho Falls, Idaho</u> | Full Name of Mother
<u>Lillie Adelaide Stinger</u> | | Name of Father
<u>Addison Issac Long</u> | | |
| SUPPORTING
RECORD 2. | Type of Document
<u>Security #545-34-7179</u> | | By whom issued and signed
<u>U.S. Treasury Department</u> | | Date issued | Date Orig. Entry | |
| | Date of Birth
<u>Dec. 20, 1895</u> | Birth Place
<u>Idaho Falls, Idaho</u> | Full Name of Mother
<u>Lillie Adelaide Stinger</u> | | Name of Father
<u>Addison Issac Long</u> | | |
| SUPPORTING
RECORD 3- | Type of Document
<u>Own child's birth certificate</u> | | By whom issued and signed
<u>on file Vital Statistics #129747</u> | | Date issued | Date Orig. Entry | |
| | Date of Birth
<u>Age 21</u> | Birth Place
<u>Idaho</u> | Full Name of Mother | | Name of Father
<u>Feb 22, 1917</u> | | |
| QUALIFYING
INFORMATION | | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | | |
| | State Registrar
<u>W. W. Benson</u> | | Evidence reviewed by
<u>Joyce B. Foltz</u> | | | Date Filed
<u>May 27, 1958</u> | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

REGISTRATION
DIVISION OF PUBLIC HEALTH
JAN 28 1958

DATE OF BIRTH
PLACE OF BIRTH
COUNTY OF BIRTH

STATE OF BIRTH
COUNTY OF BIRTH
DATE OF BIRTH

NAME OF BIRTH
DATE OF BIRTH
COUNTY OF BIRTH

NAME OF BIRTH
DATE OF BIRTH
COUNTY OF BIRTH

NAME OF BIRTH
DATE OF BIRTH
COUNTY OF BIRTH

NAME OF BIRTH
DATE OF BIRTH
COUNTY OF BIRTH

NAME OF BIRTH
DATE OF BIRTH
COUNTY OF BIRTH

NAME OF BIRTH
DATE OF BIRTH
COUNTY OF BIRTH

NAME OF BIRTH
DATE OF BIRTH
COUNTY OF BIRTH

NAME OF BIRTH
DATE OF BIRTH
COUNTY OF BIRTH

NAME OF BIRTH
DATE OF BIRTH
COUNTY OF BIRTH

NAME OF BIRTH
DATE OF BIRTH
COUNTY OF BIRTH

NAME OF BIRTH
DATE OF BIRTH
COUNTY OF BIRTH

NAME OF BIRTH
DATE OF BIRTH
COUNTY OF BIRTH

NAME OF BIRTH
DATE OF BIRTH
COUNTY OF BIRTH

NAME OF BIRTH
DATE OF BIRTH
COUNTY OF BIRTH

214-117-035-459

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-471

| | | | | | | |
|--|---|----------------|--|---|--|---|
| REGISTRANT
(Person whose
birth is being
registered) | 1. Registrant's Full Name at Birth
Harvey Herbert Kauffman | | | 2. Date (month) (day) (year)
Of Birth Nov. 17 1895 | | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth a. County
Nez Perce County, Idaho | | b. City or Town of Birth
Morrowtown | |
| FATHER | 6. Full Name of Father
John L. Kauffman | | | 7. State or Country of Father's Birth
Iowa | | |
| MOTHER | 8. Full Maiden Name of Mother
Ella M. Unzicker | | | 9. State or Country of Mother's Birth
Kansas | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Harvey Herbert Kauffman</i> | | 11. Present Address of Registrant
325-5th St., Lewiston, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
April 3rd - 19 58. | | | 12. Signature of Notary
<i>Ella M. Unzicker</i> | | 13. Notary Commission expires
July 11th 19 61 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|----------------------------------|--|--|------------------------------------|--|
| SUPPORTING
RECORD 1- | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #181565 | | Date issued | Date Orig. Entry
child born
April 29, 1930 |
| | Date of Birth
age 34 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 2- | Type of Document
Insurance Policy | | By whom issued and signed
National Public Service Ins.
Co., Seattle, Wash. | | Date issued
10-21-42 | Date Orig. Entry
Sept. 29, 1942 |
| | Date of Birth
Nov. 17,
1895 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3- | Type of Document
Affidavit by
person present at time of
birth, age 81 | | By whom issued and signed
Samuel Kauffman | | Date issued
5-19-58 | Date Orig. Entry |
| | Date of Birth
Nov. 17,
1895 | Birth Place
Morrowtown, Idaho | Full Name of Mother
Ella M. Unzicker | | Name of Father
John L. Kauffman | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
mr Nancy Richards | | Date Filed
June 4, 1958 | |

SECRET **SECRET**

[illegible]

962-225-010-557

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-559

| | | | | | |
|---|---|-------------------------|--|---|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Mattie Ruth Roberts | | | 2. Date (month) (day) (year)
Of Birth November 25, 1895. | |
| | 3. Color or Race
Negro | 4. Sex
Female | 5. Place of Birth
Bonneville | a. County | b. City or Town of Birth
Idaho Falls, |
| FATHER | 6. Full Name of Father
William Roberts | | | 7. State or Country of Father's Birth
Alabama | |
| MOTHER | 8. Full Maiden Name of Mother
Martha Anne Leggroan | | | 9. State or Country of Mother's Birth
Utah | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Mattie Diamond</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
August 20 19 57 | | | 11. Present Address of Registrant
323 North 5th Ave.,
Pocatello, Idaho. | |
| | | | | 12. Signature of Notary
<i>J. M. Rustine</i> | |
| | | | | 13. Notary Commission expires
August 1 19 61 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|--|--|--|--|---|
| SUPPORTING RECORD 1- | Type of Document
Federal Census Record | | By whom issued and signed
U. S. Bureau of the Census | | Date issued
4-8-58 | Date Orig. Entry
June 1, 1900 |
| | Date of Birth
Nov. 1895
(age 4) | Birth Place
Idaho | Full Name of Mother
Martha Roberts | | Name of Father
William Roberts | |
| SUPPORTING RECORD 2-

age next birthday | Type of Document
Insurance Policy | | By whom issued and signed
Metropolitan Life Ins. Co. | | Date issued
1-4-15 | Date Orig. Entry
Jan. 4, 1915 |
| | Date of Birth
20 years | Birth Place
Idaho | Full Name of Mother
Martha Roberts | | Name of Father
William Roberts | |
| SUPPORTING RECORD 3- | Type of Document (age 75)
Affidavit by neighbor at time of birth, Margaret Stevens | | By whom issued and signed
Margaret Stevens | | Date issued
6-13-58 | Date Orig. Entry |
| | Date of Birth
Nov. 25, 1895 | Birth Place
Idaho Falls, Idaho | Full Name of Mother
Martha Anne Leggroan | | Name of Father
William Roberts | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. W. Benson

Evidence reviewed by

nr

Nancy Richards

Date Filed

June 25, 1958

SECRET

1971-1972
1973-1974
1975-1976
1977-1978
1979-1980
1981-1982
1983-1984
1985-1986
1987-1988
1989-1990
1991-1992
1993-1994
1995-1996
1997-1998
1999-2000
2001-2002
2003-2004
2005-2006
2007-2008
2009-2010
2011-2012
2013-2014
2015-2016
2017-2018
2019-2020
2021-2022
2023-2024
2025-2026
2027-2028
2029-2030
2031-2032
2033-2034
2035-2036
2037-2038
2039-2040
2041-2042
2043-2044
2045-2046
2047-2048
2049-2050
2051-2052
2053-2054
2055-2056
2057-2058
2059-2060
2061-2062
2063-2064
2065-2066
2067-2068
2069-2070
2071-2072
2073-2074
2075-2076
2077-2078
2079-2080
2081-2082
2083-2084
2085-2086
2087-2088
2089-2090
2091-2092
2093-2094
2095-2096
2097-2098
2099-2100
2101-2102
2103-2104
2105-2106
2107-2108
2109-2110
2111-2112
2113-2114
2115-2116
2117-2118
2119-2120
2121-2122
2123-2124
2125-2126
2127-2128
2129-2130
2131-2132
2133-2134
2135-2136
2137-2138
2139-2140
2141-2142
2143-2144
2145-2146
2147-2148
2149-2150
2151-2152
2153-2154
2155-2156
2157-2158
2159-2160
2161-2162
2163-2164
2165-2166
2167-2168
2169-2170
2171-2172
2173-2174
2175-2176
2177-2178
2179-2180
2181-2182
2183-2184
2185-2186
2187-2188
2189-2190
2191-2192
2193-2194
2195-2196
2197-2198
2199-2200
2201-2202
2203-2204
2205-2206
2207-2208
2209-2210
2211-2212
2213-2214
2215-2216
2217-2218
2219-2220
2221-2222
2223-2224
2225-2226
2227-2228
2229-2230
2231-2232
2233-2234
2235-2236
2237-2238
2239-2240
2241-2242
2243-2244
2245-2246
2247-2248
2249-2250
2251-2252
2253-2254
2255-2256
2257-2258
2259-2260
2261-2262
2263-2264
2265-2266
2267-2268
2269-2270
2271-2272
2273-2274
2275-2276
2277-2278
2279-2280
2281-2282
2283-2284
2285-2286
2287-2288
2289-2290
2291-2292
2293-2294
2295-2296
2297-2298
2299-2300
2301-2302
2303-2304
2305-2306
2307-2308
2309-2310
2311-2312
2313-2314
2315-2316
2317-2318
2319-2320
2321-2322
2323-2324
2325-2326
2327-2328
2329-2330
2331-2332
2333-2334
2335-2336
2337-2338
2339-2340
2341-2342
2343-2344
2345-2346
2347-2348
2349-2350
2351-2352
2353-2354
2355-2356
2357-2358
2359-2360
2361-2362
2363-2364
2365-2366
2367-2368
2369-2370
2371-2372
2373-2374
2375-2376
2377-2378
2379-2380
2381-2382
2383-2384
2385-2386
2387-2388
2389-2390
2391-2392
2393-2394
2395-2396
2397-2398
2399-2400
2401-2402
2403-2404
2405-2406
2407-2408
2409-2410
2411-2412
2413-2414
2415-2416
2417-2418
2419-2420
2421-2422
2423-2424
2425-2426
2427-2428
2429-2430
2431-2432
2433-2434
2435-2436
2437-2438
2439-2440
2441-2442
2443-2444
2445-2446
2447-2448
2449-2450
2451-2452
2453-2454
2455-2456
2457-2458
2459-2460
2461-2462
2463-2464
2465-2466
2467-2468
2469-2470
2471-2472
2473-2474
2475-2476
2477-2478
2479-2480
2481-2482
2483-2484
2485-2486
2487-2488
2489-2490
2491-2492
2493-2494
2495-2496
2497-2498
2499-2500
2501-2502
2503-2504
2505-2506
2507-2508
2509-2510
2511-2512
2513-2514
2515-2516
2517-2518
2519-2520
2521-2522
2523-2524
2525-2526
2527-2528
2529-2530
2531-2532
2533-2534
2535-2536
2537-2538
2539-2540
2541-2542
2543-2544
2545-2546
2547-2548
2549-2550
2551-2552
2553-2554
2555-2556
2557-2558
2559-2560
2561-2562
2563-2564
2565-2566
2567-2568
2569-2570
2571-2572
2573-2574
2575-2576
2577-2578
2579-2580
2581-2582
2583-2584
2585-2586
2587-2588
2589-2590
2591-2592
2593-2594
2595-2596
2597-2598
2599-2600
2601-2602
2603-2604
2605-2606
2607-2608
2609-2610
2611-2612
2613-2614
2615-2616
2617-2618
2619-2620
2621-2622
2623-2624
2625-2626
2627-2628
2629-2630
2631-2632
2633-2634
2635-2636
2637-2638
2639-2640
2641-2642
2643-2644
2645-2646
2647-2648
2649-2650
2651-2652
2653-2654
2655-2656
2657-2658
2659-2660
2661-2662
2663-2664
2665-2666
2667-2668
2669-2670
2671-2672
2673-2674
2675-2676
2677-2678
2679-2680
2681-2682
2683-2684
2685-2686
2687-2688
2689-2690
2691-2692
2693-2694
2695-2696
2697-2698
2699-2700
2701-2702
2703-2704
2705-2706
2707-2708
2709-2710
2711-2712
2713-2714
27

| | | | |
|------|-------------|------|-------------|
| 1908 | November 25 | 1908 | November 25 |
|------|-------------|------|-------------|

Bonneville
Class of 1911

William Roberts
1000 1st Ave. N. W.
Seattle, Wash. 1, D.C.

JAN 10 1968

72 5 05 JAN 1964

exit to use in 3.0

09061 72 935

I am not a doctor.

(7) (S)

10-10-68

100

100

107-11171

| | | | | | | |
|--|---|-------------------------|---|---------------------------|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Emma Winnifred Edmundson</i> | | | | 2. Date of Birth (month) (day) (year)
<i>Jan 6th 1895</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Moscow, Idaho</i> | a. County
<i>Latah</i> | b. City or Town of Birth
<i>Moscow, Idaho</i> | |
| FATHER | 6. Full Name of Father
<i>Thomas Sinclair Edmundson</i> | | | | 7. State or Country of Father's Birth
<i>Pennsylvania</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Emma Felicia Rowley</i> | | | | 9. State or Country of Mother's Birth
<i>New York</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Winnifred Edmundson Chamberlain</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Oct. 11 1957</i> | | | | 11. Present Address of Registrant
<i>Caneadea New York</i> | |
| | | | | | 12. Signature of Notary
<i>Florence K. Clark</i> | |
| | | | | | 13. Notary, Commissioner, or Notary Public, State of New York
Qualified in Allegany Co., No. 722
Commission Expires March 30, 1959 | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|-------------------------------------|--|--|---|
| SUPPORTING
RECORD 1- | Type of Document
<i>Church Record</i> | | By whom issued and signed
<i>The First Methodist Church
Moscow, Idaho</i> | | Date issued
<i>5-7-57</i> |
| | Date of Birth
<i>Jan. 6, 1895</i> | Birth Place
<i>Moscow, Idaho</i> | Full Name of Mother
<i>Emma F. Edmundson</i> | | Date Orig. Entry
<i>Sept. 6, 1897</i> |
| Class* <u>A</u> | | | | | Name of Father
<i>T. S. Edmundson</i> |
| SUPPORTING
RECORD 2. | Type of Document
<i>School Record</i> | | By whom issued and signed
<i>University of Idaho
Moscow, Idaho</i> | | Date issued
<i>1-10-57</i> |
| | Date of Birth
<i>Jan. 6, 1895</i> | Birth Place
<i>Moscow, Idaho</i> | Full Name of Mother
<i>---</i> | | Date Orig. Entry
<i>Sept. 16, 1912</i> |
| Class <u>B</u> | | | | | Name of Father
<i>T. S. Edmundson</i> |
| SUPPORTING
RECORD 3. | Type of Document
<i>Family Record (Photostat)</i> | | By whom issued and signed
<i>original viewed by Notary Public
Florence K. Clark; Caneadea, N.Y.</i> | | Date issued
<i>6-23-58</i> |
| | Date of Birth
<i>Jan. 6, 1895</i> | Birth Place
<i>Moscow, Idaho</i> | Full Name of Mother
<i>Emma Rowley</i> | | Date Orig. Entry
<i>obviously old</i> |
| Class <u>B</u> | | | | | Name of Father
<i>T. S. Edmundson</i> |

| | | | |
|--|--|--|-----------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
<i>nr Nancy Richards</i> | Date Filed
<i>July 3, 1958</i> |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

CERTIFICATE OF BIRTH

STATE OF IOWA

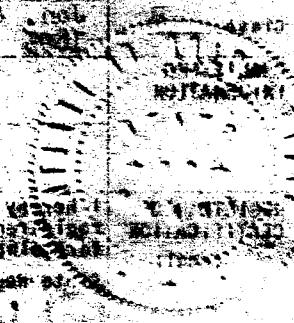
Record of Births
 State of Iowa
 Department of Health

JUL 3 1950

Local No. 100
 Date of Birth 7-3-50
 Sex Male

| | | | |
|---|--|---|--|
| FATHER | Name: [illegible]
Address: [illegible]
City: [illegible]
State: [illegible] | MOTHER | Name: [illegible]
Address: [illegible]
City: [illegible]
State: [illegible] |
| Date of Birth: [illegible]
Place of Birth: [illegible] | | Sex: [illegible]
Weight: [illegible] lbs.
Length: [illegible] in.
Head: [illegible] in.
Chest: [illegible] in.
Arm: [illegible] in.
Leg: [illegible] in.
Foot: [illegible] in. | |
| Name of Physician: [illegible]
Address: [illegible]
City: [illegible]
State: [illegible] | | Name of Registrar: [illegible]
Address: [illegible]
City: [illegible]
State: [illegible] | |

| | | | |
|---|--|---|---|
| Name of Child: [illegible]
Date of Birth: [illegible]
Place of Birth: [illegible] | Name of Father: [illegible]
Date of Birth: [illegible]
Place of Birth: [illegible] | Name of Mother: [illegible]
Date of Birth: [illegible]
Place of Birth: [illegible] | Name of Registrar: [illegible]
Date of Birth: [illegible]
Place of Birth: [illegible] |
| Name of Physician: [illegible]
Date of Birth: [illegible]
Place of Birth: [illegible] | | Name of Registrar: [illegible]
Date of Birth: [illegible]
Place of Birth: [illegible] | |



This certificate is to be filed in the office of the Registrar of Births and Deaths, State of Iowa, and a copy thereof to be furnished to the local health officer and the parents of the child.

Witness my hand and seal this [illegible] day of [illegible] 1950.

 Registrar

356208-004-752

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-628

| | | | | | | |
|--|---|-------------------------|--|---|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<i>Lillian Lewis</i> | | | 2. Date (month) (day) (year)
Of Birth <i>October 8 1895</i> | | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Montpelier Idaho</i> | 6. City or Town of Birth
<i>Bear Lake Montpelier Idaho Bear Lake</i> | | |
| FATHER | 6. Full Name of Father
<i>Sam L. Lewis</i> | | | 7. State or Country of Father's Birth
<i>Russia</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Flora Gesas</i> | | | 9. State or Country of Mother's Birth
<i>Russia</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Lillian L. Thorp</i> | | 11. Present Address of Registrant
<i>Montpelier Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>June 20, 1958</i> | | 12. Signature of Notary
<i>Ruth Aland</i> | | 13. Notary Commission expires
MUTH ALAND
Notary Public
Montpelier, Idaho
My Commission Expires <i>19</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|----------------------|--|---|---|---|--|
| SUPPORTING RECORD 1. | Type of Document
<i>Affidavit by neighbor at time of birth, age 8 1/2</i> | | By whom issued and signed
<i>Mrs. Jose Driver</i> | Date issued
<i>7-14-58</i> | Date Orig. Entry |
| | Date of Birth
<i>Oct. 8, 1895</i> | Birth Place
<i>Bear Lake Co. Montpelier, Idaho</i> | Full Name of Mother
<i>Flora Gesas Lewis</i> | Name of Father
<i>Sam L. Lewis</i> | |
| SUPPORTING RECORD 2. | Type of Document
<i>Application #3908 Marriage Record</i> | | By whom issued and signed
<i>Salt Lake Co., Utah</i> | Date issued
<i>7-1-58</i> | Date Orig. Entry
<i>Feb. 1, 1922</i> |
| | Date of Birth
<i>Oct. 8, 1895</i> | Birth Place
<i>Montpelier, Idaho</i> | Full Name of Mother (born Russia)
<i>Flora Gesas</i> | Name of Father (born Russia)
<i>Samuel Lewis</i> | |
| SUPPORTING RECORD 3. | Type of Document
<i>own child's birth certificate</i> | | By whom issued and signed
<i>Idaho #190223</i> | Date issued | Date Orig. Entry
<i>child born April 26, 1931</i> |
| | Date of Birth
<i>age 35</i> | Birth Place
<i>Montpelier, Idaho</i> | Full Name of Mother | Name of Father | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. Benson</i> | Evidence reviewed by
<i>Nancy Richards</i> | Date Filed
<i>July 21, 1958</i> |

1. NAME
 2. ADDRESS
 3. CITY
 4. STATE
 5. ZIP
 6. DATE
 7. SIGNATURE
 8. PRINT NAME
 9. PRINT ADDRESS
 10. PRINT CITY
 11. PRINT STATE
 12. PRINT ZIP
 13. PRINT DATE
 14. PRINT SIGNATURE
 15. PRINT NAME
 16. PRINT ADDRESS
 17. PRINT CITY
 18. PRINT STATE
 19. PRINT ZIP
 20. PRINT DATE
 21. PRINT SIGNATURE
 22. PRINT NAME
 23. PRINT ADDRESS
 24. PRINT CITY
 25. PRINT STATE
 26. PRINT ZIP
 27. PRINT DATE
 28. PRINT SIGNATURE
 29. PRINT NAME
 30. PRINT ADDRESS
 31. PRINT CITY
 32. PRINT STATE
 33. PRINT ZIP
 34. PRINT DATE
 35. PRINT SIGNATURE
 36. PRINT NAME
 37. PRINT ADDRESS
 38. PRINT CITY
 39. PRINT STATE
 40. PRINT ZIP
 41. PRINT DATE
 42. PRINT SIGNATURE
 43. PRINT NAME
 44. PRINT ADDRESS
 45. PRINT CITY
 46. PRINT STATE
 47. PRINT ZIP
 48. PRINT DATE
 49. PRINT SIGNATURE
 50. PRINT NAME
 51. PRINT ADDRESS
 52. PRINT CITY
 53. PRINT STATE
 54. PRINT ZIP
 55. PRINT DATE
 56. PRINT SIGNATURE
 57. PRINT NAME
 58. PRINT ADDRESS
 59. PRINT CITY
 60. PRINT STATE
 61. PRINT ZIP
 62. PRINT DATE
 63. PRINT SIGNATURE
 64. PRINT NAME
 65. PRINT ADDRESS
 66. PRINT CITY
 67. PRINT STATE
 68. PRINT ZIP
 69. PRINT DATE
 70. PRINT SIGNATURE
 71. PRINT NAME
 72. PRINT ADDRESS
 73. PRINT CITY
 74. PRINT STATE
 75. PRINT ZIP
 76. PRINT DATE
 77. PRINT SIGNATURE
 78. PRINT NAME
 79. PRINT ADDRESS
 80. PRINT CITY
 81. PRINT STATE
 82. PRINT ZIP
 83. PRINT DATE
 84. PRINT SIGNATURE
 85. PRINT NAME
 86. PRINT ADDRESS
 87. PRINT CITY
 88. PRINT STATE
 89. PRINT ZIP
 90. PRINT DATE
 91. PRINT SIGNATURE
 92. PRINT NAME
 93. PRINT ADDRESS
 94. PRINT CITY
 95. PRINT STATE
 96. PRINT ZIP
 97. PRINT DATE
 98. PRINT SIGNATURE
 99. PRINT NAME
 100. PRINT ADDRESS
 101. PRINT CITY
 102. PRINT STATE
 103. PRINT ZIP
 104. PRINT DATE
 105. PRINT SIGNATURE
 106. PRINT NAME
 107. PRINT ADDRESS
 108. PRINT CITY
 109. PRINT STATE
 110. PRINT ZIP
 111. PRINT DATE
 112. PRINT SIGNATURE
 113. PRINT NAME
 114. PRINT ADDRESS
 115. PRINT CITY
 116. PRINT STATE
 117. PRINT ZIP
 118. PRINT DATE
 119. PRINT SIGNATURE
 120. PRINT NAME
 121. PRINT ADDRESS
 122. PRINT CITY
 123. PRINT STATE
 124. PRINT ZIP
 125. PRINT DATE
 126. PRINT SIGNATURE
 127. PRINT NAME
 128. PRINT ADDRESS
 129. PRINT CITY
 130. PRINT STATE
 131. PRINT ZIP
 132. PRINT DATE
 133. PRINT SIGNATURE
 134. PRINT NAME
 135. PRINT ADDRESS
 136. PRINT CITY
 137. PRINT STATE
 138. PRINT ZIP
 139. PRINT DATE
 140. PRINT SIGNATURE
 141. PRINT NAME
 142. PRINT ADDRESS
 143. PRINT CITY
 144. PRINT STATE
 145. PRINT ZIP
 146. PRINT DATE
 147. PRINT SIGNATURE
 148. PRINT NAME
 149. PRINT ADDRESS
 150. PRINT CITY
 151. PRINT STATE
 152. PRINT ZIP
 153. PRINT DATE
 154. PRINT SIGNATURE
 155. PRINT NAME
 156. PRINT ADDRESS
 157. PRINT CITY
 158. PRINT STATE
 159. PRINT ZIP
 160. PRINT DATE
 161. PRINT SIGNATURE
 162. PRINT NAME
 163. PRINT ADDRESS
 164. PRINT CITY
 165. PRINT STATE
 166. PRINT ZIP
 167. PRINT DATE
 168. PRINT SIGNATURE
 169. PRINT NAME
 170. PRINT ADDRESS
 171. PRINT CITY
 172. PRINT STATE
 173. PRINT ZIP
 174. PRINT DATE
 175. PRINT SIGNATURE
 176. PRINT NAME
 177. PRINT ADDRESS
 178. PRINT CITY
 179. PRINT STATE
 180. PRINT ZIP
 181. PRINT DATE
 182. PRINT SIGNATURE
 183. PRINT NAME
 184. PRINT ADDRESS
 185. PRINT CITY
 186. PRINT STATE
 187. PRINT ZIP
 188. PRINT DATE
 189. PRINT SIGNATURE
 190. PRINT NAME
 191. PRINT ADDRESS
 192. PRINT CITY
 193. PRINT STATE
 194. PRINT ZIP
 195. PRINT DATE
 196. PRINT SIGNATURE
 197. PRINT NAME
 198. PRINT ADDRESS
 199. PRINT CITY
 200. PRINT STATE
 201. PRINT ZIP
 202. PRINT DATE
 203. PRINT SIGNATURE
 204. PRINT NAME
 205. PRINT ADDRESS
 206. PRINT CITY
 207. PRINT STATE
 208. PRINT ZIP
 209. PRINT DATE
 210. PRINT SIGNATURE
 211. PRINT NAME
 212. PRINT ADDRESS
 213. PRINT CITY
 214. PRINT STATE
 215. PRINT ZIP
 216. PRINT DATE
 217. PRINT SIGNATURE
 218. PRINT NAME
 219. PRINT ADDRESS
 220. PRINT CITY
 221. PRINT STATE
 222. PRINT ZIP
 223. PRINT DATE
 224. PRINT SIGNATURE
 225. PRINT NAME
 226. PRINT ADDRESS
 227. PRINT CITY
 228. PRINT STATE
 229. PRINT ZIP
 230. PRINT DATE
 231. PRINT SIGNATURE
 232. PRINT NAME
 233. PRINT ADDRESS
 234. PRINT CITY
 235. PRINT STATE
 236. PRINT ZIP
 237. PRINT DATE
 238. PRINT SIGNATURE
 239. PRINT NAME
 240. PRINT ADDRESS
 241. PRINT CITY
 242. PRINT STATE
 243. PRINT ZIP
 244. PRINT DATE
 245. PRINT SIGNATURE
 246.

[illegible]

813407.003-251

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-644

| | | | | | |
|--|---|-----------------------|---|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Arden Delos Hale | | | 2. Date (month) (day) (year)
Of Birth October 3, 1895 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Bannock Co. | b. City or Town of Birth
Perry, Idaho | |
| FATHER | 6. Full Name of Father
Edgar Daniel Hale | | | 7. State or Country of Father's Birth
Grantsville, Utah | |
| MOTHER | 8. Full Maiden Name of Mother
Emma Louisa Seamons | | | 9. State or Country of Mother's Birth
Hyde Park, Utah | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Arden Delos Hale</i> | |
| NOTARY (Seal) | 11. Present Address of Registrant
Route #2
Pocatello, Idaho | | | 12. Signature of Notary
<i>John</i> | |
| | 13. Notary Commission expires
Mar 1 1959 | | | | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|--|------------------------------------|--|--|---|
| SUPPORTING
RECORD 1. | Type of Document
Honorable Discharge | | By whom issued and signed
U. S. Army | Date issued
7-26-19 | Date Orig. Entry
inducted
Aug. 5, 1918 |
| | Date of Birth
22 10/12 yrs. | Birth Place
Perry, Idaho | Full Name of Mother
---- | Name of Father
---- | |
| SUPPORTING
RECORD 2. | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #253343 | Date issued | Date Orig. Entry
child born
March 28, 1937 |
| | Date of Birth
age 41 | Birth Place
Perry, Idaho | Full Name of Mother
---- | Name of Father
---- | |
| SUPPORTING
RECORD 3. | Type of Document
Marriage Record | | By whom issued and signed
Cache County, Utah | Date issued
7-16-58 | Date Orig. Entry
Oct. 7, 1919 |
| | Date of Birth
Oct. 3,
1895 | Birth Place
Perry, Idaho | Full Name of Mother
Emma L. Seamons | Name of Father
Edgar D. Hale | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Nancy Richards | Date Filed
July 29, 1958 |

96214-029-297
DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-697

| | | | | | | | | |
|---|---|-----------------------|-----------------------------------|-----------|--|--|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<i>William Clinton Pease</i> | | | | | 2. Date (month) (day) (year)
Of Birth <i>Nov. 14 1895</i> | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Male</i> | 5. Place of Birth
<i>Idaho</i> | a. County | b. City or Town of Birth
<i>Genesee</i> | | | |
| FATHER | 6. Full Name of Father
<i>Thomas J. Pease</i> | | | | | 7. State or Country of Father's Birth
<i>Kentucky Feb. 13, 1868</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Alice J. Sigler</i> | | | | | 9. State or Country of Mother's Birth
<i>California June 21, 1873</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
<i>W. C. Pease</i> | | |
| | | | | | | 11. Present Address of Registrant
<i>Orofino, Idaho</i> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>August 4 1958</i> | | | | | 12. Signature of Notary
<i>Warren J. Anderson</i> | | 13. Notary Commission expires
<i>Nov. 15 1960</i> |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-----------------------------|--|--------------------------------------|---|--|---|
| SUPPORTING RECORD 1- | Type of Document
<i>Affidavit by mother</i> | | By whom issued and signed
<i>Alice Pease</i> | Date issued
<i>8-4-58</i> | Date Orig. Entry |
| | Date of Birth
<i>Nov. 14, 1895</i> | Birth Place
<i>Genesee, Idaho</i> | Full Name of Mother
<i>Alice Sigler Pease</i> | Name of Father
<i>Thomas J. Pease</i> | |
| SUPPORTING RECORD 2- | Type of Document
<i>Insurance Application</i> | | By whom issued and signed
<i>Business Men's Assurance Co. of America</i> | Date issued | Date Orig. Entry
<i>Jan. 23, 1931</i> |
| | Date of Birth
<i>Nov. 14, 1895</i> | Birth Place
<i>Genesee, Idaho</i> | Full Name of Mother
<i>---</i> | Name of Father
<i>---</i> | |
| SUPPORTING RECORD 3- | Type of Document
<i>own child's birth certificate</i> | | By whom issued and signed
<i>Idaho #79172</i> | Date issued | Date Orig. Entry
<i>child born Apr. 19, 1920</i> |
| | Date of Birth
<i>age 24</i> | Birth Place
<i>Genesee, Idaho</i> | Full Name of Mother
<i>---</i> | Name of Father
<i>---</i> | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

| | | |
|--|---|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
<i>Nancy Richards</i> | Date Filed
<i>Aug. 21, 1958</i> |

STATE OF IOWA
DECEASED CERTIFICATE OF BIRTH

1900-1901

STATE OF IOWA

DECEASED CERTIFICATE OF BIRTH

1900-1901

1900-1901

1900-1901

1900-1901

1900-1901

1900-1901

1900-1901

1900-1901

1900-1901

1900-1901

1900-1901

1900-1901

1900-1901

1900-1901

1900-1901

1900-1901

1900-1901

1900-1901

1900-1901

1900-1901

1900-1901

1900-1901

1900-1901

1900-1901

1900-1901

1900-1901

1900-1901

1900-1901

1900-1901

1900-1901

1900-1901

1900-1901

1900-1901

1900-1901

386429-001-343

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. DE58-700

| | | | | | | | |
|--|---|-----------------------|-----------------------------------|-------------------------|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Edwin Neil Thompson</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>March 29, 1895</i> | | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>male</i> | 5. Place of Birth
<i>Boise</i> | a. County
<i>Ada</i> | b. City or Town of Birth
<i>Boise</i> | | |
| FATHER | 6. Full Name of Father
<i>William H. Thompson</i> | | | | 7. State or Country of Father's Birth
<i>Wisconsin</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Emma Culver</i> | | | | 9. State or Country of Mother's Birth
<i>Wisconsin</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Edwin Neil Thompson</i> | | 11. Present Address of Registrant
<i>4500 State St. Boise</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>August 19, 1958</i> | | | | 12. Signature of Notary
<i>Eugene B. Kirk</i> | | 13. Notary Commission expires
<i>June 17, 1960</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|-----------------------------|--|--|---------------------------------------|------------------------------------|
| SUPPORTING
RECORD 1. | Type of Document
#164668
child's birth certificate | | By whom issued and signed
on file in Vital Statistics | | Date issued | Date Orig. Entry
Sept. 10, 1928 |
| | Date of Birth
age 33 | Birth Place
Idaho | Full Name of Mother
--- | | Name of Father
---- | |
| SUPPORTING
RECORD 2. | Type of Document
insurance policy | | By whom issued and signed
Ida. Mutual Benifit Ass. | | Date issued | Date Orig. Entry
June 6, 1941 |
| | Date of Birth
Mar. 29, 1958 | Birth Place
Boise, Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING
RECORD 3. | Type of Document
Family Bible | | By whom issued and signed | | Date issued | Date Orig. Entry
obviously old |
| | Date of Birth
March 29, 1895 | Birth Place
--- | Full Name of Mother
Emma Culver | | Name of Father
William H. Thompson | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. W. Benson

Evidence reviewed by

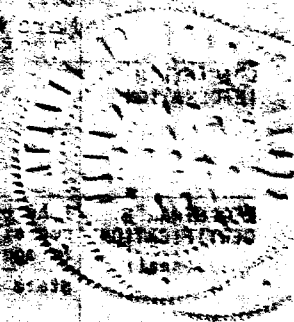
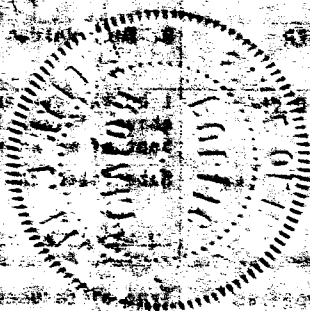
Carolyn Johns

Date Filed

August 21, 1958

STATE OF EDWARD
OFFICE OF THE REGISTRAR

AUG 22 1953



| | |
|----------------------|-----------------------|
| NAME | EDWARD J. THOMSON |
| DATE OF BIRTH | 1925 |
| PLACE OF BIRTH | NEW YORK |
| EDUCATION | HIGH SCHOOL |
| OCCUPATION | CLERK |
| RESIDENCE | 123 MAIN ST, NEW YORK |
| DATE OF REGISTRATION | AUG 22 1953 |
| REGISTRAR | J. H. SMITH |

EDWARD J. THOMSON
123 MAIN ST, NEW YORK
CLERK
HIGH SCHOOL
NEW YORK
1925
AUG 22 1953
J. H. SMITH
REGISTRAR

863-226-025-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-707

| | | | | | | |
|---|---|-------------------------|---|--|--|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<i>Matilda Holdenried</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>August-26-1895</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>(Keuterville)</i> | a. County
<i>Idaho Co</i> | b. City or Town of Birth
<i>Keuterville</i> | |
| FATHER | 6. Full Name of Father
<i>Frank Holdenried</i> | | | | 7. State or Country of Father's Birth
<i>Wisconsin</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Annie Schroeder</i> | | | | 9. State or Country of Mother's Birth
<i>Wisconsin</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Matilda Holdenried</i> | | 11. Present Address of Registrant
<i>Keelseyville, Calif</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>August 9-1958</i> | | | 12. Signature of Notary
<i>Arno Mergel</i> | | 13. Notary Commission expires
<i>2/27/1961</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-----------------------------|--|--|---|---|---|
| SUPPORTING RECORD 1- | Type of Document
<i>Affidavit by father, age 89</i> | | By whom issued and signed
<i>Frank Holdenried</i> | Date issued
<i>8-9-58</i> | Date Orig. Entry |
| | Date of Birth
<i>Aug. 26, 1895</i> | Birth Place
<i>Keuterville, Idaho</i> | Full Name of Mother
<i>Annie Schroeder</i> | Name of Father
<i>Frank Holdenried</i> | |
| SUPPORTING RECORD 2- | Type of Document
<i>Marriage Record</i> | | By whom issued and signed
<i>Lake County, California</i> | Date issued
<i>8-8-58</i> | Date Orig. Entry
<i>Oct. 29, 1921</i> |
| | Date of Birth
<i>age 26</i> | Birth Place
<i>Idaho</i> | Full Name of Mother
----- | Name of Father
----- | |
| SUPPORTING RECORD 3- | Type of Document
<i>own child's birth certificate</i> | | By whom issued and signed
<i>Lake County, California</i> | Date issued
<i>8-8-58</i> | Date Orig. Entry
<i>child born Oct. 21, 1922</i> |
| | Date of Birth
<i>age 27</i> | Birth Place
<i>Idaho</i> | Full Name of Mother
----- | Name of Father
----- | |

QUALIFYING INFORMATION

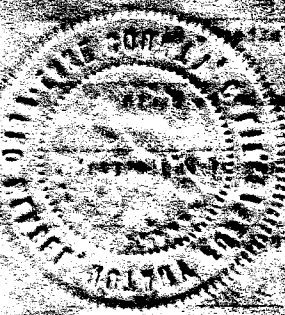
REGISTRAR'S CERTIFICATION
(seal)

| | | |
|--|---|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. B. Benson</i> | Evidence reviewed by
<i>Nancy Richards</i> | Date Filed
<i>Aug. 25, 1958</i> |

DELAWARE STATE OF DELAWARE DEPARTMENT OF HEALTH

Form No. 10-1-10

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
BUREAU OF RECORDS



AUG 25 1930

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------|--------|------------------|-------------------|------------------|-------------------|-------------------|-------------------|--------------------|----------------------|------------------------|-----------------------|---------------------|-----------------------|-------------------|-----------------------------|--------------------------|-----------------------|---------------------|------------------|-------------------|--------------------|------------------------|---------------------|----------------------|-------------------------|---------------------|-----------------------|---------------------|------------------------|------------------------|------------------------|-------------------|---------------------|-----------------------|--------------------|--------------------|------------------------|------------------------|----------------------|-----------------------|---------------------|------------------------|----------------------|------------------------|-------------------|---------------------|-----------------------|--------------------|--------------------|------------------------|------------------------|----------------------|-----------------------|---------------------|------------------------|----------------------|------------------------|-------------------|---------------------|-----------------------|--------------------|--------------------|------------------------|------------------------|----------------------|-----------------------|---------------------|------------------------|----------------------|------------------------|-------------------|---------------------|-----------------------|--------------------|--------------------|------------------------|------------------------|----------------------|-----------------------|---------------------|------------------------|----------------------|------------------------|-------------------|---------------------|-----------------------|--------------------|--------------------|------------------------|------------------------|----------------------|-----------------------|---------------------|------------------------|----------------------|------------------------|-------------------|---------------------|------------------------|
| 1. Name of Person | 2. Sex | 3. Date of Birth | 4. Place of Birth | 5. Date of Death | 6. Cause of Death | 7. Place of Death | 8. Date of Burial | 9. Place of Burial | 10. Name of Minister | 11. Name of Undertaker | 12. Name of Physician | 13. Name of Coroner | 14. Name of Registrar | 15. Name of Clerk | 16. Name of Assistant Clerk | 17. Name of Stenographer | 18. Name of Messenger | 19. Name of Janitor | 20. Name of Cook | 21. Name of Nurse | 22. Name of Doctor | 23. Name of Pharmacist | 24. Name of Dentist | 25. Name of Optician | 26. Name of Electrician | 27. Name of Plumber | 28. Name of Carpenter | 29. Name of Painter | 30. Name of Bricklayer | 31. Name of Stonemason | 32. Name of Blacksmith | 33. Name of Smith | 34. Name of Saddler | 35. Name of Shoemaker | 36. Name of Hatter | 37. Name of Tailor | 38. Name of Dressmaker | 39. Name of Seamstress | 40. Name of Milliner | 41. Name of Perfumier | 42. Name of Jeweler | 43. Name of Watchmaker | 44. Name of Gunsmith | 45. Name of Blacksmith | 46. Name of Smith | 47. Name of Saddler | 48. Name of Shoemaker | 49. Name of Hatter | 50. Name of Tailor | 51. Name of Dressmaker | 52. Name of Seamstress | 53. Name of Milliner | 54. Name of Perfumier | 55. Name of Jeweler | 56. Name of Watchmaker | 57. Name of Gunsmith | 58. Name of Blacksmith | 59. Name of Smith | 60. Name of Saddler | 61. Name of Shoemaker | 62. Name of Hatter | 63. Name of Tailor | 64. Name of Dressmaker | 65. Name of Seamstress | 66. Name of Milliner | 67. Name of Perfumier | 68. Name of Jeweler | 69. Name of Watchmaker | 70. Name of Gunsmith | 71. Name of Blacksmith | 72. Name of Smith | 73. Name of Saddler | 74. Name of Shoemaker | 75. Name of Hatter | 76. Name of Tailor | 77. Name of Dressmaker | 78. Name of Seamstress | 79. Name of Milliner | 80. Name of Perfumier | 81. Name of Jeweler | 82. Name of Watchmaker | 83. Name of Gunsmith | 84. Name of Blacksmith | 85. Name of Smith | 86. Name of Saddler | 87. Name of Shoemaker | 88. Name of Hatter | 89. Name of Tailor | 90. Name of Dressmaker | 91. Name of Seamstress | 92. Name of Milliner | 93. Name of Perfumier | 94. Name of Jeweler | 95. Name of Watchmaker | 96. Name of Gunsmith | 97. Name of Blacksmith | 98. Name of Smith | 99. Name of Saddler | 100. Name of Shoemaker |
|-------------------|--------|------------------|-------------------|------------------|-------------------|-------------------|-------------------|--------------------|----------------------|------------------------|-----------------------|---------------------|-----------------------|-------------------|-----------------------------|--------------------------|-----------------------|---------------------|------------------|-------------------|--------------------|------------------------|---------------------|----------------------|-------------------------|---------------------|-----------------------|---------------------|------------------------|------------------------|------------------------|-------------------|---------------------|-----------------------|--------------------|--------------------|------------------------|------------------------|----------------------|-----------------------|---------------------|------------------------|----------------------|------------------------|-------------------|---------------------|-----------------------|--------------------|--------------------|------------------------|------------------------|----------------------|-----------------------|---------------------|------------------------|----------------------|------------------------|-------------------|---------------------|-----------------------|--------------------|--------------------|------------------------|------------------------|----------------------|-----------------------|---------------------|------------------------|----------------------|------------------------|-------------------|---------------------|-----------------------|--------------------|--------------------|------------------------|------------------------|----------------------|-----------------------|---------------------|------------------------|----------------------|------------------------|-------------------|---------------------|-----------------------|--------------------|--------------------|------------------------|------------------------|----------------------|-----------------------|---------------------|------------------------|----------------------|------------------------|-------------------|---------------------|------------------------|

959-211-003-449

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-738

| | | | | | | |
|--|---|-------------------------|--|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Florence Bridget Reinhardt.</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>March 11 1895.</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Pocatello Idaho.</i> | 6. City or Town of Birth
<i>Pocatello Idaho.</i> | | |
| FATHER | 6. Full Name of Father
<i>Emiel Cornelius Reinhardt.</i> | | | | 7. State or Country of Father's Birth
<i>Iowa.</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Catherine Murray.</i> | | | | 9. State or Country of Mother's Birth
<i>Ireland - Dublin</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Florence B. Dower.</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>AUGUST 14 1958</i> | | | | 11. Present Address of Registrant
<i>1219-18th Ave No. 4</i> | |
| | | | | | 12. Signature of Notary
<i>Henry S. Larson</i> | |
| | | | | | 13. Notary Commission expires
<i>JULY 26 1959</i> | |

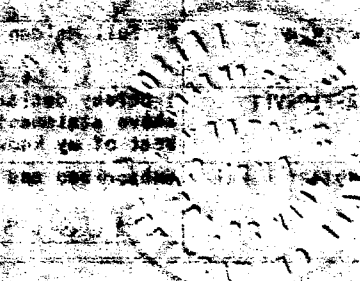
APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|--|---|--|--|---|
| SUPPORTING
RECORD 1. | Type of Document
<i>School Record</i> | | By whom issued and signed
<i>Deer Lodge County School
Supt., Anaconda, Montana</i> | | Date issued
<i>8-6-49</i> | Date Orig. Entry
<i>census 1907</i> |
| | Date of Birth
<i>March 11,
1895</i> | Birth Place
<i>----</i> | Full Name of Mother
<i>----</i> | | Name of Father
<i>Emil Reinhardt</i> | |
| SUPPORTING
RECORD 2. | Type of Document
<i>Identification Card</i> | | By whom issued and signed
<i>Captain of Port
Seattle, Washington</i> | | Date issued
<i>8-4-45</i> | Date Orig. Entry
<i>Aug. 4, 1945</i> |
| | Date of Birth
<i>age 50</i> | Birth Place
<i>Idaho</i> | Full Name of Mother
<i>----</i> | | Name of Father
<i>----</i> | |
| SUPPORTING
RECORD 3. | Type of Document
<i>Marriage Record</i> | | By whom issued and signed
<i>Silver Bow County, Montana</i> | | Date issued
<i>6-21-51</i> | Date Orig. Entry
<i>June 4, 1917</i> |
| | Date of Birth
<i>age 22</i> | Birth Place
<i>Pocatello, Idaho</i> | Full Name of Mother
<i>Catherine Murray Reinhardt</i> | | Name of Father
<i>Emiel Reinhardt</i> | |
| QUALIFYING
INFORMATION | Air Raid Warden Card, Seattle Municipal Defense Commission, dated 4-9-42: age 47. | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
<i>nr Nancy Richards</i> | | Date Filed
<i>Sept. 5, 1958</i> | |

STATE OF TEXAS
DEPARTMENT OF HEALTH
BIRTH CERTIFICATE

SEP 5 1950

| | | | | | | | | | | | | | | | |
|---------------------------------|--|---------------------------------|--|------------------------------|--|------------------------------|--|---------------------------------|--|---------------------------------|--|------------------------------|--|------------------------------|--|
| Name of child | | Sex | | Date of birth | | Place of birth | | Hospital or institution | | Physician | | Signature of physician | | Signature of registrar | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| Mother's name | | Father's name | | Mother's maiden name | | Father's maiden name | | Mother's date of birth | | Father's date of birth | | Mother's place of birth | | Father's place of birth | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| Mother's occupation | | Father's occupation | | Mother's education | | Father's education | | Mother's religion | | Father's religion | | Mother's race | | Father's race | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| Mother's marital status | | Father's marital status | | Mother's date of marriage | | Father's date of marriage | | Mother's place of marriage | | Father's place of marriage | | Mother's date of divorce | | Father's date of divorce | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| Mother's date of death | | Father's date of death | | Mother's cause of death | | Father's cause of death | | Mother's place of death | | Father's place of death | | Mother's date of burial | | Father's date of burial | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| Mother's date of immigration | | Father's date of immigration | | Mother's country of birth | | Father's country of birth | | Mother's date of arrival | | Father's date of arrival | | Mother's place of arrival | | Father's place of arrival | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| Mother's date of naturalization | | Father's date of naturalization | | Mother's date of citizenship | | Father's date of citizenship | | Mother's date of naturalization | | Father's date of naturalization | | Mother's date of citizenship | | Father's date of citizenship | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| Mother's date of death | | Father's date of death | | Mother's cause of death | | Father's cause of death | | Mother's place of death | | Father's place of death | | Mother's date of burial | | Father's date of burial | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| Mother's date of immigration | | Father's date of immigration | | Mother's country of birth | | Father's country of birth | | Mother's date of arrival | | Father's date of arrival | | Mother's place of arrival | | Father's place of arrival | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| Mother's date of naturalization | | Father's date of naturalization | | Mother's date of citizenship | | Father's date of citizenship | | Mother's date of naturalization | | Father's date of naturalization | | Mother's date of citizenship | | Father's date of citizenship | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |



DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-747
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | | |
|--|---|-------------------------|---|--|---|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
INONA STERRETT | | | | 2. Date (month) (day) (year)
Of Birth MAY 10 1895 | | | |
| | 3. Color or Race
WHITE | 4. Sex
FEMALE | 5. Place of Birth a. County
BANNOCK | | b. City or Town of Birth
NEAR SODA SPRINGS | | | |
| FATHER | 6. Full Name of Father
THOMAS ALEXANDER STERRETT | | | | 7. State or Country of Father's Birth
BANNOCK CO. IDAHO | | | |
| MOTHER | 8. Full Maiden Name of Mother
AGNES CHRISTOFFERSON | | | | 9. State or Country of Mother's Birth
BANNOCK CO. IDAHO | | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Inona Sterrett Rooker</i> | | 11. Present Address of Registrant
WINCHESTER, VIRGINIA | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Sept 13 1958</i> | | | | 12. Signature of Notary
<i>Louise M. Nelson</i> | | 13. Notary Commission expires
My Commission Expires February 28th, 1959 | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|------------------------|--|--|---|--|---|---|
| SUPPORTING
RECORD 1 | Type of Document
Affidavit by parents | | By whom issued and signed
Agnes Sterrett and Thomas A. Sterrett | | Date issued
6-15-55 | Date Orig. Entry |
| | Date of Birth
May 10, 1895 | Birth Place near
Soda Springs, Idaho (Bannock Co.) | Full Name of Mother
Agnes Sterrett | | Name of Father
Thomas A. Sterrett | |
| SUPPORTING
RECORD 2 | Type of Document
Federal Census Record | | By whom issued and signed
U. S. Bureau of the Census | | Date issued
7-15-55 | Date Orig. Entry
April 15, 1910 |
| | Date of Birth
age 14 | Birth Place
Idaho | Full Name of Mother
Agnes Sterrett | | Name of Father
Thomas A. Sterrett | |
| SUPPORTING
RECORD 3 | Type of Document
School Record | | By whom issued and signed
Sacred Heart Academy High School, Ogden, Utah | | Date issued
5-25-55 | Date Orig. Entry
Sept. 1911 |
| | Date of Birth
May 10, 1895 | Birth Place
(Bannock Co.) Soda Springs, Idaho | Full Name of Mother
--- | | Name of Father
--- | |

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

| | | |
|--|---|-------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Nancy Richards | Date Filed
Sept. 11, 1958 |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELETED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

Department of Health
State of Idaho
Boise, Idaho

| | | | | | |
|--|-----------------------------------|--|--|---|---|
| 1. Date of Birth
1892 | 2. Date of Birth
MAY 10 | 3. Place of Birth
BANNOCK | 4. Name of Mother
CHRISTOPHERSON | 5. Name of Father
THOMAS ALEXANDER STREETT | 6. Name of Child
THOMAS STREETT |
| 7. State or County of Father's Birth
BANNOCK CO. IDAHO | | 8. State or County of Mother's Birth
BANNOCK CO. IDAHO | | 9. Name of Child
THOMAS STREETT | |
| 10. Signature of Registrar
WINCHESTER, VIRGINIA | | 11. Signature of Registrar
WINCHESTER, VIRGINIA | | 12. Signature of Registrar
WINCHESTER, VIRGINIA | |

| | | | | | |
|---|----------------------------------|---|---|---|---|
| 13. Date of Birth
1892 | 14. Date of Birth
1892 | 15. Place of Birth
BANNOCK | 16. Name of Mother
CHRISTOPHERSON | 17. Name of Father
THOMAS A. STREETT | 18. Name of Child
THOMAS A. STREETT |
| 19. State or County of Father's Birth
BANNOCK CO. IDAHO | | 20. State or County of Mother's Birth
BANNOCK CO. IDAHO | | 21. Name of Child
THOMAS A. STREETT | |
| 22. Signature of Registrar
WINCHESTER, VIRGINIA | | 23. Signature of Registrar
WINCHESTER, VIRGINIA | | 24. Signature of Registrar
WINCHESTER, VIRGINIA | |

| | | | | | |
|---|----------------------------------|---|---|---|---|
| 25. Date of Birth
1892 | 26. Date of Birth
1892 | 27. Place of Birth
BANNOCK | 28. Name of Mother
CHRISTOPHERSON | 29. Name of Father
THOMAS A. STREETT | 30. Name of Child
THOMAS A. STREETT |
| 31. State or County of Father's Birth
BANNOCK CO. IDAHO | | 32. State or County of Mother's Birth
BANNOCK CO. IDAHO | | 33. Name of Child
THOMAS A. STREETT | |
| 34. Signature of Registrar
WINCHESTER, VIRGINIA | | 35. Signature of Registrar
WINCHESTER, VIRGINIA | | 36. Signature of Registrar
WINCHESTER, VIRGINIA | |



456-220-029-285

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-990

| | | | | | |
|--|--|--|--|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
VIRGINIA ARABELLA DEW | | | 2. Date (month) (day) (year)
Of Birth JAN 20 1895 | |
| | 3. Color or Race
W | 4. Sex
Female | 5. Place of Birth
JULIAETTA IDAHO | a. County
JULIAETTA IDAHO | |
| FATHER | 6. Full Name of Father
JAMES BENNETT DEW | | | 7. State or Country of Father's Birth
ENGLAND | |
| MOTHER | 8. Full Maiden Name of Mother
JANE SHEPHERD | | | 9. State or Country of Mother's Birth
ENGLAND | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
V.A. Bays | |
| NOTARY (Seal) | Subscribed and sworn to before me on
May 26th 1958 | | | 11. Present Address of Registrant
TRACHU, ALBERTA | |
| | 12. Signature of Notary
[Signature] | | | 13. Notary Commission expires
Dec. 31 1958 | |
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
| SUPPORTING
RECORD 1. | Type of Document
Passport | | By whom issued and signed
Canada Dept. of External Affairs | | Date issued
Nov. 21, 1916 |
| | Date of Birth
Jan. 20, 1895 | Birth Place
Idaho, U.S.A. | Full Name of Mother
----- | | Name of Father
----- |
| SUPPORTING
RECORD 2. | Type of Document
Affidavit by relative, age 79 | | By whom issued and signed
Earl S. Pierce | | Date issued
9-3-58 |
| | Date of Birth
Jan. 20, 1895 | Birth Place
Juliaetta, Idaho | Full Name of Mother
Jane S. Dew | | Name of Father
James B. Dew |
| SUPPORTING
RECORD 3. | Type of Document
Statement re:
Insurance Policy | | By whom issued and signed
Continental Casualty Co. | | Date issued
11-20-58 |
| | Date of Birth
Jan. 1895 | Birth Place
--- | Full Name of Mother
--- | | Date Orig. Entry
July 27, 1953 |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
W. Benson | | Evidence reviewed by
Mr Nancy Richards | | Date Filed
Dec. 12, 1958 |

DEC 12 1964



859-105-036-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-1014

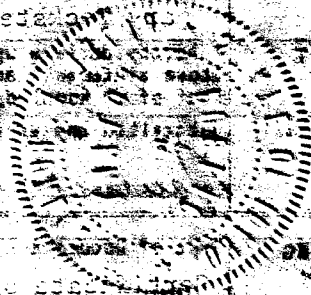
| | | | | | | |
|---|--|-------------------------------|--|--|-----------------------------------|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Harry LeVaun Herbert | | | 2. Date of Birth
June 5 1895 | | |
| | 3. Color or Race
White | 4. Sex
male | 5. Place of Birth
a. County
Oneida | b. City or Town of Birth
Preston | | |
| FATHER | 6. Full Name of Father
Harry Herbert | | | 7. State or Country of Father's Birth
Wyoming | | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Beckstead | | | 9. State or Country of Mother's Birth
Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Harry LeVaun Herbert</i> | | 11. Present Address of Registrant
2903 Jackson Canyon Trail |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>November 10 1958</i> | | 12. Signature of Notary
<i>Hazel L. Shulbert</i> | 13. Notary Commission expires
<i>Sept. 28 1960</i> | | |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING RECORD 1. | Type of Document
Certificate of Ordination | | By whom issued and signed
L.D. S. Church, Glendale Ward
Bishop Andrew D. Mortensen | | Date issued
July 3, 1910 | Date Orig. Entry
Ordained June 26, 1910 |
| | Date of Birth
June 5, 1895 | Birth Place
Preston, Idaho | Full Name of Mother
Mary Beckstead | | Name of Father
Harry Herbert | |
| SUPPORTING RECORD 2. | Type of Document
Own child's birth certificate | | By whom issued and signed
On file Vital Statistics
#96427 | | Date issued | Date Orig. Entry
Child born 11-9-1921 |
| | Date of Birth
Age 26 | Birth Place
Preston, Idaho | Full Name of Mother
---- | | Name of Father
---- | |
| SUPPORTING RECORD 3.

age 22
at induction | Type of Document
Honorable Discharge Record | | By whom issued and signed
U. S. Army | | Date issued
discharged 6-23-19 | Date Orig. Entry
inducted Oct. 2, 1917 |
| | Date of Birth
yrs., 4 mos. | Birth Place
Preston, Idaho | Full Name of Mother
---- | | Name of Father
---- | |
| QUALIFYING INFORMATION | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
ses Nancy Richards | | Date Filed
Dec. 26, 1958 | |

DECEASED CERTIFICATE OF BIRTH

DEC 29 1958

| | | | | | | | | | | | | | |
|---|---|---|----------------|------------------|------------------------------------|---------------------------|-----------------|------------------|------------------------|---|---|---|--|
| 1. Name of deceased (Print or type full name)
JAMES EARL RAY | 2. Date of birth (Month, day, year)
May 19, 1928 | 3. Place of birth (City, county, state)
Jackson, Mississippi | 4. Sex
Male | 5. Race
White | 6. Height (Feet, inches)
5' 11" | 7. Weight (Pounds)
175 | 8. Eyes
Blue | 9. Hair
Brown | 10. Complexion
Fair | 11. Scars, marks, or tattoos (Describe)
None | 12. Signature of declarant (Print name)
JAMES EARL RAY | 13. Signature of witness (Print name)
JAMES EARL RAY | 14. Signature of official (Print name)
JAMES EARL RAY |
|---|---|---|----------------|------------------|------------------------------------|---------------------------|-----------------|------------------|------------------------|---|---|---|--|



| | | | | | | | | | | | | | |
|---|--|--|---|--|---|---|---|--|---|---|---|---|---|
| 15. Date of death (Month, day, year)
June 28, 1968 | 16. Place of death (City, county, state)
Jackson, Mississippi | 17. Cause of death (Describe)
Heart disease | 18. Manner of death (Natural, accidental, suicide, homicide)
Natural | 19. Name of physician (Print name)
JAMES EARL RAY | 20. Name of hospital (Print name)
JAMES EARL RAY | 21. Name of funeral home (Print name)
JAMES EARL RAY | 22. Name of cemetery (Print name)
JAMES EARL RAY | 23. Name of interment (Print name)
JAMES EARL RAY | 24. Name of officiating minister (Print name)
JAMES EARL RAY | 25. Name of officiating minister (Print name)
JAMES EARL RAY | 26. Name of officiating minister (Print name)
JAMES EARL RAY | 27. Name of officiating minister (Print name)
JAMES EARL RAY | 28. Name of officiating minister (Print name)
JAMES EARL RAY |
|---|--|--|---|--|---|---|---|--|---|---|---|---|---|



895-131-014-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 58-1028

| | | | | | | | |
|--|--|------------------------------------|--|---|---|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<i>Wilber Antone Hinkey</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>October 31 1895</i> | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Male</i> | 5. Place of Birth
<i>Nampa, Idaho Canyon</i> | a. County | b. City or Town of Birth
<i>Nampa, Idaho</i> | | |
| FATHER | 6. Full Name of Father
<i>Conrad William Hinkey</i> | | | | 7. State or Country of Father's Birth
<i>Holland</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Catherine Theresa White</i> | | | | 9. State or Country of Mother's Birth
<i>New York</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Wilber A. Hinkey</i> | | 11. Present Address of Registrant
<i>436 Waverley St.
Palo Alto, California</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Dec 5th 1958</i> | | | | 12. Signature of Notary
<i>Barb Paulin</i> | | 13. Notary Commission expires
<i>Jan 4 1962</i> |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | | |
| SUPPORTING RECORD 1. | Type of Document
<i>Certificate Of Baptism</i> | | By whom issued and signed
<i>St. John's Cathedral, Boise</i> | | Date issued
<i>October 23, 1957</i> | Date Orig. Entry
<i>Baptized May 15, 1896</i> | |
| | Date of Birth
<i>October 31, 1895</i> | Birth Place
<i>Nampa, Idaho</i> | Full Name of Mother
<i>Catherine Hinkey</i> | | Name of Father
<i>Gonrad Wilhelm Hinkey</i> | | |
| SUPPORTING RECORD 2. | Type of Document
<i>Honorable Discharge from U.S. Army</i> | | By whom issued and signed
<i>U.S. Army</i> | | Date issued
<i>March 20, 1919</i> | Date Orig. Entry
<i>Inducted Nov. 3, 1917</i> | |
| | Date of Birth
<i>Age 22</i> | Birth Place
<i>Nampa, Idaho</i> | Full Name of Mother
<i>---</i> | | Name of Father
<i>---</i> | | |
| SUPPORTING RECORD 3. | Type of Document
<i>Own child's birth certificate</i> | | By whom issued and signed
<i>On file Vital Statistics, Idaho #85440</i> | | Date issued | Date Orig. Entry
<i>Child born Dec. 3, 1920</i> | |
| | Date of Birth
<i>Age 25</i> | Birth Place
<i>Ida.</i> | Full Name of Mother
<i>----</i> | | Name of Father
<i>----</i> | | |
| QUALIFYING INFORMATION | | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | | |
| | State Registrar
<i>W.W. Benson</i> | | | Evidence reviewed by
<i>Sharon E. Skaggs</i> | | Date Filed
<i>December 29, 1958</i> | |

DELATED CERTIFICATE OF BIRTH
STATE OF IOWA

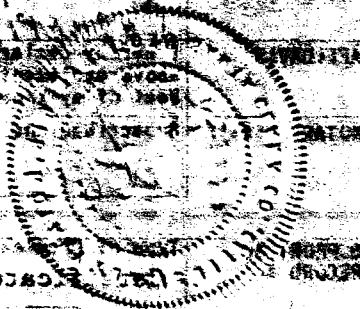
STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS
DES MOINES, IOWA

DECEMBER 28, 1928

1. Name of child: **John A. Cathedral**
2. Date of birth: **October 23, 1927**
3. Place of birth: **St. John's Cathedral, Des Moines, Iowa**
4. Name of father: **St. John A. Cathedral**
5. Name of mother: **St. John A. Cathedral**
6. Sex: **Male**
7. Race: **White**
8. Religion: **Catholic**
9. Signature of Registrar: **W. H. Benson**
10. Date of registration: **December 28, 1928**

11. Name of child: **John A. Cathedral**
12. Date of birth: **October 23, 1927**
13. Place of birth: **St. John's Cathedral, Des Moines, Iowa**
14. Name of father: **St. John A. Cathedral**
15. Name of mother: **St. John A. Cathedral**
16. Sex: **Male**
17. Race: **White**
18. Religion: **Catholic**
19. Signature of Registrar: **W. H. Benson**
20. Date of registration: **December 28, 1928**

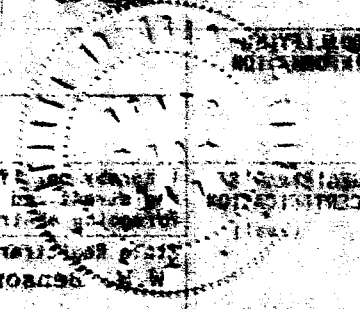
21. Name of child: **John A. Cathedral**
22. Date of birth: **October 23, 1927**
23. Place of birth: **St. John's Cathedral, Des Moines, Iowa**
24. Name of father: **St. John A. Cathedral**
25. Name of mother: **St. John A. Cathedral**
26. Sex: **Male**
27. Race: **White**
28. Religion: **Catholic**
29. Signature of Registrar: **W. H. Benson**
30. Date of registration: **December 28, 1928**



31. Name of child: **John A. Cathedral**
32. Date of birth: **October 23, 1927**
33. Place of birth: **St. John's Cathedral, Des Moines, Iowa**
34. Name of father: **St. John A. Cathedral**
35. Name of mother: **St. John A. Cathedral**
36. Sex: **Male**
37. Race: **White**
38. Religion: **Catholic**
39. Signature of Registrar: **W. H. Benson**
40. Date of registration: **December 28, 1928**

41. Name of child: **John A. Cathedral**
42. Date of birth: **October 23, 1927**
43. Place of birth: **St. John's Cathedral, Des Moines, Iowa**
44. Name of father: **St. John A. Cathedral**
45. Name of mother: **St. John A. Cathedral**
46. Sex: **Male**
47. Race: **White**
48. Religion: **Catholic**
49. Signature of Registrar: **W. H. Benson**
50. Date of registration: **December 28, 1928**

51. Name of child: **John A. Cathedral**
52. Date of birth: **October 23, 1927**
53. Place of birth: **St. John's Cathedral, Des Moines, Iowa**
54. Name of father: **St. John A. Cathedral**
55. Name of mother: **St. John A. Cathedral**
56. Sex: **Male**
57. Race: **White**
58. Religion: **Catholic**
59. Signature of Registrar: **W. H. Benson**
60. Date of registration: **December 28, 1928**



W. H. Benson
State Registrar
Des Moines, Iowa
December 28, 1928
Charles E. Skaggs
State Registrar
Des Moines, Iowa
December 28, 1928

962-121-039-383

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-1031

| | | | | | | | | |
|--|---|----------------|-------------------------------|--------------------------|--|--|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Marvin S. Robinson | | | | | 2. Date (month) (day) (year)
Of Birth December 21, 1895 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Rockland | a. County
Power Idaho | | b. City or Town of Birth
Rockland, Idaho | | |
| FATHER | 6. Full Name of Father
John S. Robinson | | | | | 7. State or Country of Father's Birth
Pennsylvania | | |
| MOTHER | 8. Full Maiden Name of Mother
Clara Tyler | | | | | 9. State or Country of Mother's Birth
Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
<i>Marvin S. Robinson</i> | | 11. Present Address of Registrant
Rockland, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
December 19, 1958 | | | | | 12. Signature of Notary
<i>Paul C. ...</i> | | 13. Notary Commission expires
Feb. 10, 1959 |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-----------------------------|---|--|--|--|------------------------------------|--|
| SUPPORTING RECORD 1. | Type of Document
Affidavit by brother, age 73 | | By whom issued and signed
Clinton B. Robinson | | Date issued
12-19-58 | Date Orig. Entry |
| | Date of Birth
Dec. 21, 1895 | Birth Place
Oneida Co., Rockland, Idaho | Full Name of Mother
Clara A. Tyler Robinson | | Name of Father
John S. Robinson | |
| SUPPORTING RECORD 2.
age | Type of Document
Honorable Discharge Record | | By whom issued and signed
U. S. Army | | Date issued
discharged 2-15-19 | Date Orig. Entry
inducted Aug. 7, 1918 |
| | Date of Birth at induction
22 8/12 | Birth Place
Rockland, Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING RECORD 3. | Type of Document
own child's birth certificate | | By whom issued and signed
#240778
Idaho Bureau of Vital Statistics | | Date issued | Date Orig. Entry
child born Feb. 16, 1936 |
| | Date of Birth
age 40 | Birth Place
Rockland, Idaho | Full Name of Mother
--- | | Name of Father
--- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

| | | |
|--|--|-----------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Jensen</i> | Evidence reviewed by
Nancy Richards | Date Filed
Dec. 30, 1958 |

DELAWARE CERTIFICATE OF BIRTH STATE OF DELAWARE

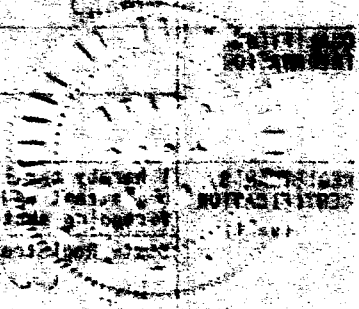
Form No. 1 (Rev. 1-1-60)

DECEMBER 1960

| | | | |
|--|--|--|--|
| Name of Child
JOHN S. HENDERSON | | Date of Birth
NOV. 10, 1960 | |
| Sex
MALE | | Race
WHITE | |
| Name of Mother
JOHN S. HENDERSON | | Name of Father
JOHN S. HENDERSON | |
| Address of Mother
1000 N. 10th St., Wilmington, Del. | | Address of Father
1000 N. 10th St., Wilmington, Del. | |
| Name of Hospital
St. Mary's Hospital | | Name of Physician
Dr. J. S. Henderson | |
| Date of Birth
NOV. 10, 1960 | | Time of Birth
10:00 AM | |
| Place of Birth
St. Mary's Hospital | | Name of City
Wilmington | |
| Name of County
Delaware | | Name of State
Delaware | |



| | | | |
|--|--|--|--|
| Name of Child
JOHN S. HENDERSON | | Date of Birth
NOV. 10, 1960 | |
| Sex
MALE | | Race
WHITE | |
| Name of Mother
JOHN S. HENDERSON | | Name of Father
JOHN S. HENDERSON | |
| Address of Mother
1000 N. 10th St., Wilmington, Del. | | Address of Father
1000 N. 10th St., Wilmington, Del. | |
| Name of Hospital
St. Mary's Hospital | | Name of Physician
Dr. J. S. Henderson | |
| Date of Birth
NOV. 10, 1960 | | Time of Birth
10:00 AM | |
| Place of Birth
St. Mary's Hospital | | Name of City
Wilmington | |
| Name of County
Delaware | | Name of State
Delaware | |



| | | | |
|--|--|--|--|
| Name of Child
JOHN S. HENDERSON | | Date of Birth
NOV. 10, 1960 | |
| Sex
MALE | | Race
WHITE | |
| Name of Mother
JOHN S. HENDERSON | | Name of Father
JOHN S. HENDERSON | |
| Address of Mother
1000 N. 10th St., Wilmington, Del. | | Address of Father
1000 N. 10th St., Wilmington, Del. | |
| Name of Hospital
St. Mary's Hospital | | Name of Physician
Dr. J. S. Henderson | |
| Date of Birth
NOV. 10, 1960 | | Time of Birth
10:00 AM | |
| Place of Birth
St. Mary's Hospital | | Name of City
Wilmington | |
| Name of County
Delaware | | Name of State
Delaware | |

753-230-026-559

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-015

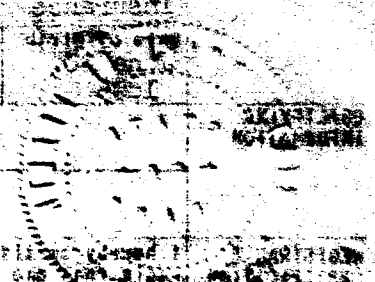
| | | | | | | |
|---|--|--|--|--|---|---|
| REGISTRANT
(Person whose
birth is being
registered) | 1. Registrant's Full Name at Birth
Clara Victoria Peterson | | | | 2. Date (month) (day) (year)
Of Birth June 30, 1895 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Jefferson | | b. City or Town of Birth
Rigby | |
| FATHER | 6. Full Name of Father
Fred A. Peterson | | | | 7. State or Country of Father's Birth
Denmark | |
| MOTHER | 8. Full Maiden Name of Mother
Inger Christine Neilson | | | | 9. State or Country of Mother's Birth
Denmark | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Clara V. Peterson</i> | 11. Present Address of Registrant
Route 3, Conway, Ark. |
| NOTARY (Seal) | Subscribed and sworn to before me on
September 15 19 58 | | | | 12. Signature of Notary
<i>Janice Nutter</i> | 13. Notary Commission expires
October 4 19 58 |
| <p align="center">APPLICANT DO NOT WRITE BELOW THIS LINE</p> | | | | | | |
| SUPPORTING
RECORD 1- | Type of Document
Operator's License | | By whom issued and signed
State of California | | Date issued | Date Orig. Entry |
| | Date of Birth
June 30, 1895 | Birth Place | Dept. of Motor Vehicles | | | Mar. 8, 1943 |
| SUPPORTING
RECORD 2- | Type of Document
Certificate of Baptism | | By whom issued and signed
L.D.S. Church | | Date issued | Date Orig. Entry |
| | Date of Birth
June 30, 1895 | Birth Place
Fremont County, Rigby, Idaho | Full Name of Mother
Inger Christina Nielsen | | Name of Father
Fred A. Pederson | Aug. 1, 1903 |
| SUPPORTING
RECORD 3- | Type of Document
Insurance Policy | | By whom issued and signed
Postal Union Life Ins. Co. | | Date issued
5-5-43 | Date Orig. Entry
April 28, 1943 |
| | Date of Birth
June 30, 1895 | Birth Place
Rigby, Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
ss bw Nancy Richards | | | Date Filed
Jan. 12, 1959 |

STATE OF ILLINOIS DEPARTMENT OF HEALTH BIRTH RECORD

| | | | |
|---------------------|------------------------|------------------------|------------------------|
| NAME OF CHILD | DATE OF BIRTH | TIME OF BIRTH | PLACE OF BIRTH |
| JOHN J. JAMES | 1918 | 11:00 AM | ST. LOUIS, MO. |
| NAME OF FATHER | NAME OF MOTHER | AGE OF FATHER | AGE OF MOTHER |
| JOHN J. JAMES | MARY J. JAMES | 35 | 25 |
| EDUCATION OF FATHER | EDUCATION OF MOTHER | PROFESSION OF FATHER | PROFESSION OF MOTHER |
| HIGH SCHOOL | HIGH SCHOOL | LABORER | HOUSEWIFE |
| RELIGION OF FATHER | RELIGION OF MOTHER | RELIGION OF CHILD | RELIGION OF CHILD |
| CATHOLIC | CATHOLIC | CATHOLIC | CATHOLIC |
| DATE OF MARRIAGE | DATE OF BIRTH OF CHILD | DATE OF BIRTH OF CHILD | DATE OF BIRTH OF CHILD |
| 1915 | 1918 | 1918 | 1918 |



| | | | |
|---------------------|------------------------|------------------------|------------------------|
| NAME OF CHILD | DATE OF BIRTH | TIME OF BIRTH | PLACE OF BIRTH |
| MARY J. JAMES | 1918 | 11:00 AM | ST. LOUIS, MO. |
| NAME OF FATHER | NAME OF MOTHER | AGE OF FATHER | AGE OF MOTHER |
| JOHN J. JAMES | MARY J. JAMES | 35 | 25 |
| EDUCATION OF FATHER | EDUCATION OF MOTHER | PROFESSION OF FATHER | PROFESSION OF MOTHER |
| HIGH SCHOOL | HIGH SCHOOL | LABORER | HOUSEWIFE |
| RELIGION OF FATHER | RELIGION OF MOTHER | RELIGION OF CHILD | RELIGION OF CHILD |
| CATHOLIC | CATHOLIC | CATHOLIC | CATHOLIC |
| DATE OF MARRIAGE | DATE OF BIRTH OF CHILD | DATE OF BIRTH OF CHILD | DATE OF BIRTH OF CHILD |
| 1915 | 1918 | 1918 | 1918 |



| | | | |
|---------------------|------------------------|------------------------|------------------------|
| NAME OF CHILD | DATE OF BIRTH | TIME OF BIRTH | PLACE OF BIRTH |
| JOHN J. JAMES | 1918 | 11:00 AM | ST. LOUIS, MO. |
| NAME OF FATHER | NAME OF MOTHER | AGE OF FATHER | AGE OF MOTHER |
| JOHN J. JAMES | MARY J. JAMES | 35 | 25 |
| EDUCATION OF FATHER | EDUCATION OF MOTHER | PROFESSION OF FATHER | PROFESSION OF MOTHER |
| HIGH SCHOOL | HIGH SCHOOL | LABORER | HOUSEWIFE |
| RELIGION OF FATHER | RELIGION OF MOTHER | RELIGION OF CHILD | RELIGION OF CHILD |
| CATHOLIC | CATHOLIC | CATHOLIC | CATHOLIC |
| DATE OF MARRIAGE | DATE OF BIRTH OF CHILD | DATE OF BIRTH OF CHILD | DATE OF BIRTH OF CHILD |
| 1915 | 1918 | 1918 | 1918 |

855-115-003-519

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-019

| | | | | | | |
|--|---|-----------------------|-------------------------------------|-----------------------------|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
William Sewell Henson | | | | 2. Date (month) (day) (year)
Of Birth Nov. 15, 1895. | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Dempsey | a. County
Bannock | b. City or Town of Birth (now Lava
Dempsey, Idaho.--Hot Springs) | |
| FATHER | 6. Full Name of Father
Albert Sewell Henson | | | | 7. State or Country of Father's Birth
Idaho. | |
| MOTHER | 8. Full Maiden Name of Mother
Elizabeth Vail | | | | 9. State or Country of Mother's Birth
Idaho. | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>William S Henson</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>November 18th 1958</i> | | | | 11. Present Address of Registrant
<i>McCannon Idaho</i> | |
| | 12. Signature of Notary
<i>Mildred E. Lindenschmidt.</i> | | | | 13. Notary Commission expires
<i>Oct 25th 1959</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|---|---|--|---|--|
| SUPPORTING
RECORD 1- | Type of Document
Church Record--Baptism | | By whom issued and signed
McCammon Ward, Portneuf Stake,
IDS Church; McCammon, Ida. | | Date issued
9-19-58 | Date Orig. Entry
Aug. 1, 1903 |
| | Date of Birth
Nov. 15,
1895 | Birth Place
Dempsey, Idaho | Full Name of Mother
Elizabeth Vail | | Name of Father
Albert Sewell Henson | |
| SUPPORTING
RECORD 2- | Type of Document
Marriage Record | | By whom issued and signed
Bannock County, Idaho | | Date issued
12-18-58 | Date Orig. Entry
June 9, 1923 |
| | Date of Birth
age 27 | Birth Place
---- | Full Name of Mother
---- | | Name of Father
----- | |
| SUPPORTING
RECORD 3- | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #137962 | | Date issued | Date Orig. Entry
child born
Jan. 2, 1926 |
| | Date of Birth
age 30 | Birth Place
Lava Hot Springs,
Idaho | Full Name of Mother
---- | | Name of Father
---- | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

| | | |
|--|--|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
nr Nancy Richards | Date Filed
Jan. 14, 1959 |

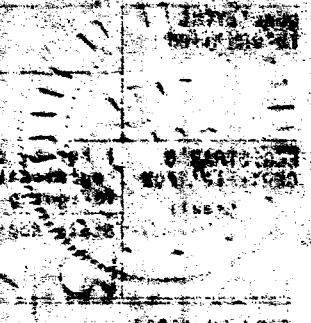
DECEASED CERTIFICATE OF BIRTH

JAN 14 1955

| | | | |
|-------------------------------|--|------------------------------|--|
| Date of Birth
1918 | | Date of Death
1955 | |
| Place of Birth
... | | Place of Death
... | |
| Name of Deceased
... | | Name of Mother
... | |
| Name of Father
... | | Name of Spouse
... | |
| Signature of Registrar
... | | Signature of Deceased
... | |



| | | | |
|-------------------------------|--|------------------------------|--|
| Date of Birth
1918 | | Date of Death
1955 | |
| Place of Birth
... | | Place of Death
... | |
| Name of Deceased
... | | Name of Mother
... | |
| Name of Father
... | | Name of Spouse
... | |
| Signature of Registrar
... | | Signature of Deceased
... | |



| | | | |
|-------------------------------|--|------------------------------|--|
| Date of Birth
1918 | | Date of Death
1955 | |
| Place of Birth
... | | Place of Death
... | |
| Name of Deceased
... | | Name of Mother
... | |
| Name of Father
... | | Name of Spouse
... | |
| Signature of Registrar
... | | Signature of Deceased
... | |

533-220-033-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-056

| | | | | | | |
|--|---|------------------|------------------------------|--|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Sarah Ann Elliott | | | | 2. Date (month) (day) (year)
Of Birth September 20, 1895 | |
| | 3. Color of Race
white | 4. Sex
Female | 5. Place of Birth
Rexburg | a. County
Madison Co. | b. City or Town of Birth
Rexburg, Idaho | |
| FATHER | 6. Full Name of Father
Albert Elliott | | | | 7. State or Country of Father's Birth | |
| MOTHER | 8. Full Maiden Name of Mother
Annis Dickenson | | | | 9. State or Country of Mother's Birth | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
Sarah Ann Piestrich | | 11. Present Address of Registrant
2556 E. Lincoln St.
Idaho Falls, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
1-16 1959 | | | 12. Signature of Notary
J. E. S. S. S. | | 13. Notary Commission expires
5-1 1962 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|--|---|--|----------------------------------|--|
| SUPPORTING
RECORD 1. | Type of Document
Affidavit by father | | By whom issued and signed
Albert Elliott | | Date issued
7-15-54 | Date Orig. Entry |
| | Date of Birth
Sept. 20, 1895 | Birth Place
Madison Co.
Rexburg, Idaho | Full Name of Mother
Annis Dickenson | | Name of Father
Albert Elliott | |
| SUPPORTING
RECORD 2. | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #309675 | | Date issued | Date Orig. Entry
child born
July 7, 1917 |
| | Date of Birth
age 21 | Birth Place
Rexburg, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3. | Type of Document
Church Record--Baptism | | By whom issued and signed
Lincoln Ward, LDS Church
Lincoln, Idaho | | Date issued
6-4-16 | Date Orig. Entry
June 3, 1916 |
| | Date of Birth
Sept. 20, 1895 | Birth Place
Rexburg, Idaho | Full Name of Mother
Annis Dickinson | | Name of Father
Albert Elliott | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. B. Benson

Evidence reviewed by

nr

Nancy Richards

Date Filed

Jan. 29, 1959

JAN 29 1954

[illegible][illegible][illegible]

493-209-025-262

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-084

| | | | | | | |
|--|---|------------------|---|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Anna Marie Gertrude Micke | | | | 2. Date (month) (day) (year)
of Birth December 9, 1895 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Idaho County | | b. City or Town of Birth
Keuterville | |
| FATHER | 6. Full Name of Father
Bernard Micke | | | | 7. State or Country of Father's Birth
Germany | |
| MOTHER | 8. Full Maiden Name of Mother
Anna Bosse | | | | 9. State or Country of Mother's Birth
Illinois | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Gertrude A. Peter</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
January 22, 1959 | | | | 11. Present Address of Registrant
1349 - 57th Street
Sacramento 19, California | |
| | 12. Signature of Notary
<i>Neddy Lybbert</i> | | | | 13. Notary Commission expires
10/14 1962 | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|-----------------------------------|---|--|---------------------------------|--|
| SUPPORTING
RECORD 1- | Type of Document
Church Record--Baptism | | By whom issued and signed
R. C. Church of Sacred Heart
of Jesus, Keuterville, Idaho | | Date issued
11-14-58 | Date Orig. Entry
Dec. 10, 1895 |
| | Date of Birth
Dec. 9,
1895 | Birth Place
Keuterville, Idaho | Full Name of Mother
Anna Bosse | | Name of Father
Bernard Micke | |
| SUPPORTING
RECORD 2- | Type of Document
Marriage Record | | By whom issued and signed
Recorder's Office
Tehama County, Calif. | | Date issued
10-7-58 | Date Orig. Entry
Nov. 6, 1917 |
| | Date of Birth
age 21 | Birth Place
Idaho | Full Name of Mother
---- | | Name of Father
---- | |
| SUPPORTING
RECORD 3- | Type of Document
own child's birth certificate | | By whom issued and signed
Co. Recorder, Red Bluff, Calif. | | Date issued
1-7-59 | Date Orig. Entry
child born
Feb. 8, 1929 |
| | Date of Birth
age 33 | Birth Place
Idaho | Full Name of Mother
---- | | Name of Father
---- | |

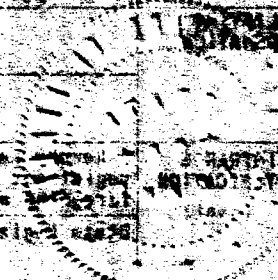
QUALIFYING INFORMATION

| | | | | | | |
|--|--|--|--|--|--|----------------------------|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | | Evidence reviewed by
Nancy Richards | | Date Filed
Feb. 4, 1959 |

STATE OF ILLINOIS DEPARTMENT OF HEALTH

FEB 4 1958

| | | | |
|---|--|---|--|
| <p>1. Name of child: JOHN EDWARD</p> | | <p>2. Sex: MALE</p> | |
| <p>3. Date of birth: DECEMBER 2, 1957</p> | | <p>4. Place of birth: CHICAGO, ILLINOIS</p> | |
| <p>5. Name of mother: MARY ELIZABETH</p> | | <p>6. Name of father: JOHN EDWARD</p> | |
| <p>7. Address of mother: 1234 N. LAKE ST., CHICAGO, ILL.</p> | | <p>8. Address of father: 1234 N. LAKE ST., CHICAGO, ILL.</p> | |
| <p>9. Date of registration: FEBRUARY 4, 1958</p> | | <p>10. Signature of registrar: [Signature]</p> | |
| <p>11. Signature of mother: [Signature]</p> | | <p>12. Signature of father: [Signature]</p> | |



862-103-001-653

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-129

| | | | | | | |
|--|---|-----------------------|-----------------------------------|-------------------------|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<i>Peter E. Hobson</i> | | | | 2. Date (month) (day) (year)
<i>Oct 3 1895</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Male</i> | 5. Place of Birth
<i>Idaho</i> | a. County
<i>Ada</i> | b. City or Town of Birth
<i>Payette, 16 miles up Willow Creek</i> | |
| FATHER | 6. Full Name of Father
<i>Samuel Arthur Hobson</i> | | | | 7. State or Country of Father's Birth
<i>Illinois, Oct 15, 1861</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Grace Alice Wells</i> | | | | 9. State or Country of Mother's Birth
<i>Missouri</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Pete E. Hobson</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>February 4 1959</i> | | | | 11. Present Address of Registrant
<i>636 So. Clementine, Anaheim Calif.</i> | |
| | 12. Signature of Notary
<i>Vera B. Oster</i> | | | | 13. Notary Commission expires
MY COMMISSION EXPIRES JAN. 15, 1961/19 | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|--|---|--|---|
| SUPPORTING RECORD 1. | Type of Document
<i>Family Record</i> | | By whom issued and signed
<i>original viewed by Bureau of Vital Statistics</i> | | Date issued
<i>2-17-59</i> |
| | Date of Birth
<i>Oct. 3, 1895</i> | Birth Place
<i>Willow Creek-- Payette, Idaho</i> | Full Name of Mother
----- | | Date Orig. Entry
<i>obviously old</i> |
| SUPPORTING RECORD 2. | Type of Document (born 1-18-1883)
<i>Affidavit by brother</i> | | By whom issued and signed
<i>Oscar S. Hobson</i> | | Date issued
<i>1959</i> |
| | Date of Birth
<i>Oct. 3, 1895</i> | Birth Place
<i>Little Willow Creek, Payette, Ada Co., Idaho</i> | Full Name of Mother
<i>Grace Alice Wells</i> | | Date Orig. Entry
<i>Samuel A. Hobson</i> |
| SUPPORTING RECORD 3. | Type of Document
<i>Honorable Discharge</i> | | By whom issued and signed
<i>U. S. Army</i> | | Date issued
<i>discharged 12-23-18</i> |
| | Date of Birth
<i>22 2/12</i> | Birth Place
<i>Payette, Idaho</i> | Full Name of Mother
----- | | Date Orig. Entry
<i>enlisted Dec. 13, 1917</i> |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
<i>Nancy Richards</i> | | Date Filed
<i>Feb. 17, 1959</i> |

FEB 17 1950

[illegible]

775-124-036-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-268

| | | | | | | |
|--|---|----------------|---|--|---|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
David Earl Pierce | | | | 2. Date (month) (day) (year)
Of Birth September 24 1895 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Oneida Co. | | b. City or Town of Birth (mailing address-Malad)
St. John, Idaho | |
| FATHER | 6. Full Name of Father
Thomas H. Pierce | | | | 7. State or Country of Father's Birth
Cardiff, Wales | |
| MOTHER | 8. Full Maiden Name of Mother
Nettie Morgan | | | | 9. State or Country of Mother's Birth
Cardiff, Wales | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
David E Pierce | |
| NOTARY (Seal) | Subscribed and sworn to before me on
3/16 1959 | | | | 11. Present Address of Registrant
753 Railroad St.
Elko, Nevada | |
| | 12. Signature of Notary
Julie Pierce | | | | 13. Notary Commission expires
4/18 1961 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------------------|--|--|--|--|------------------------------------|--|
| SUPPORTING RECORD 1- | Type of Document
Service Record | | By whom issued and signed
U. S. Army | | Date issued
2-12-19 | Date Orig. Entry
entered army
May 10, 1918 |
| | Date of Birth
Sept. 24,
1895 | Birth Place
St. John, Idaho | Full Name of Mother
---- | | Name of Father
----- | |
| SUPPORTING RECORD 2- | Type of Document
Operator's License | | By whom issued and signed
Nevada #43750 | | Date issued
7-15-43 | Date Orig. Entry
July 15, 1943 |
| | Date of Birth
Sept. 24,
1895 | Birth Place
----- | Full Name of Mother
---- | | Name of Father
----- | |
| SUPPORTING RECORD 3- | Type of Document (almost 11 yrs. senior)
Affidavit by sister, age 74 | | By whom issued and signed
Kate Pierce Nielsen | | Date issued
3-17-59 | Date Orig. Entry |
| | Date of Birth
Sept. 24,
1895 | Birth Place
Oneida Co.
St. John, Idaho | Full Name of Mother
Nettie Morgan | | Name of Father
Thomas H. Pierce | |
| QUALIFYING INFORMATION | Voting Registration Record, Elko Co., Nevada; 2-27-59: born Sept. 24, 1895 at Malad, Idaho; record of 9-21-53. | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
W W Benson | | Evidence reviewed by
nr Nancy Richards | | | Date Filed
March 25, 1959 |

MAR 25 1961

TABLE 1

1. 1940年10月1日
 2. 1940年10月1日
 3. 1940年10月1日

陈其南

一、

7-17-54

(158) 1957-1958

2014年12月15日

100

1944

1994年12月

陳 建 興 攝

655-206-001-673

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-297

| | | | | | | |
|--|--|-----------------------------------|--|--|---|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Blanche Weeks</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Apr. 6 1895</i> | |
| | 3. Color or Race
<i>W</i> | 4. Sex
<i>fm</i> | 5. Place of Birth
<i>Ada</i> | a. County | b. City or Town of Birth
<i>Star</i> | |
| FATHER | 6. Full Name of Father
<i>Joseph Edgar Weeks</i> | | | | 7. State or Country of Father's Birth
<i>Canada</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Alice Oglesby</i> | | | | 9. State or Country of Mother's Birth
<i>Illinois</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Blanche Weeks Hunt</i> | | 11. Present Address of Registrant
<i>1503 Oregon Caldwell Ida.</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>March 31, 19 59</i> | | | 12. Signature of Notary
<i>[Signature]</i> | | 13. Notary Commission expires
<i>April 18, 19 59</i> |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING
RECORD 1. | Type of Document
<i>Affidavit by Brother</i> | | Age <i>78</i> | | By whom issued and signed
<i>Cecil L. Weeks</i> | Date Issued
<i>1959
March 4,</i> |
| | Date of Birth
<i>April 6, 1895</i> | Birth Place
<i>Star, Idaho</i> | Full Name of Mother
<i>Alice Weeks</i> | | Name of Father
<i>Joseph E. Weeks</i> | |
| SUPPORTING
RECORD 2. | Type of Document
<i>Statement regarding Hospital Record</i> | | By whom issued and signed
<i>Caldwell Memorial Hospital</i> | | Date Issued
<i>March 31, 1959</i> | Date Orig. Entry
<i>Patient from 9-8-50 to 9-14-50</i> |
| | Date of Birth
<i>April 6, 1895</i> | Birth Place
<i>Star, Idaho</i> | Full Name of Mother
<i>---</i> | | Name of Father
<i>---</i> | |
| SUPPORTING
RECORD 3. | Type of Document
<i>Certified copy of Marriage Register Book 1</i> | | By whom issued and signed
<i>Vern Thomas, Recorder Ada County, Boise, Idaho</i> | | Date Issued
<i>March 4, 1959</i> | Date Orig. Entry
<i>March 8, 1919</i> |
| | Date of Birth
<i>Age 23</i> | Birth Place
<i>Idaho</i> | Full Name of Mother
<i>---</i> | | Name of Father
<i>---</i> | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | | Evidence reviewed by
<i>Joyce B. Foltz</i> | | Date Filed
<i>April 1, 1959</i> |

APR 1 1950

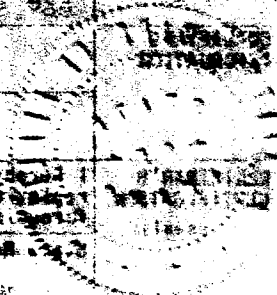
DECLARED CERTIFICATE OF BIRTH
STATE OF IDAHO

State of Idaho

| | | | | | | | | | | | | | | | |
|----------------------------|--|---------------------------|--|-------------------------|--|----------------------------|--|--------------------------|--|------------------------|--|----------------------------|--|----------------------------|--|
| 1. Name of child at birth | | 2. Sex | | 3. Date of birth | | 4. Place of birth | | 5. Name of mother | | 6. Name of father | | 7. Name of mother at birth | | 8. Name of father at birth | |
| [Blank] | | [Blank] | | [Blank] | | [Blank] | | [Blank] | | [Blank] | | [Blank] | | [Blank] | |
| 9. Signature of registrant | | 10. Signature of mother | | 11. Signature of father | | 12. Signature of physician | | 13. Signature of midwife | | 14. Signature of nurse | | 15. Signature of other | | 16. Signature of other | |
| [Blank] | | [Blank] | | [Blank] | | [Blank] | | [Blank] | | [Blank] | | [Blank] | | [Blank] | |
| 17. Date of registration | | 18. Place of registration | | 19. Name of registrar | | 20. Name of hospital | | 21. Name of physician | | 22. Name of midwife | | 23. Name of nurse | | 24. Name of other | |
| [Blank] | | [Blank] | | [Blank] | | [Blank] | | [Blank] | | [Blank] | | [Blank] | | [Blank] | |



| | | | | | | | | | | | | | | | |
|-----------------------------|--|---------------------------|--|-------------------------|--|----------------------------|--|--------------------------|--|------------------------|--|-----------------------------|--|-----------------------------|--|
| 25. Name of child at birth | | 26. Sex | | 27. Date of birth | | 28. Place of birth | | 29. Name of mother | | 30. Name of father | | 31. Name of mother at birth | | 32. Name of father at birth | |
| [Blank] | | [Blank] | | [Blank] | | [Blank] | | [Blank] | | [Blank] | | [Blank] | | [Blank] | |
| 33. Signature of registrant | | 34. Signature of mother | | 35. Signature of father | | 36. Signature of physician | | 37. Signature of midwife | | 38. Signature of nurse | | 39. Signature of other | | 40. Signature of other | |
| [Blank] | | [Blank] | | [Blank] | | [Blank] | | [Blank] | | [Blank] | | [Blank] | | [Blank] | |
| 41. Date of registration | | 42. Place of registration | | 43. Name of registrar | | 44. Name of hospital | | 45. Name of physician | | 46. Name of midwife | | 47. Name of nurse | | 48. Name of other | |
| [Blank] | | [Blank] | | [Blank] | | [Blank] | | [Blank] | | [Blank] | | [Blank] | | [Blank] | |



365-111-028-282

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-342

| | | | | | | |
|---|--|---|---|--|---|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Wesley Merritt Connolly</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>December 11, 1895</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Male</i> | 5. Place of Birth a. County
<i>FT. SHERMAN, Idaho-Kootenai Co.</i> | | b. City or Town of Birth
<i>Fort Sherman.</i> | |
| FATHER | 6. Full Name of Father
<i>William Michael Connolly</i> | | | | 7. State or Country of Father's Birth
<i>Ireland</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>MARY EMILY Sykes</i> | | | | 9. State or Country of Mother's Birth
<i>England</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Wesley M. Connolly</i> | | 11. Present Address of Registrant
<i>64 - Larkin St
San Francisco Calif.</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>April 7th 1959</i> | | | 12. Signature of Notary
<i>Paul J. Sykes</i> | | 13. Notary Commission expires
<i>December 24, 1960</i> |
| <p align="center">APPLICANT - DO NOT WRITE BELOW THIS LINE</p> | | | | | | |
| SUPPORTING
RECORD 1. | Type of Document
<i>Federal Census Record</i> | | By whom issued and signed
<i>U. S. Bureau of the Census</i> | | Date Issued
<i>4-1-59</i> | Date Orig. Entry
<i>June 1, 1900</i> |
| | Date of Birth
<i>Dec. 1895
(age 4)</i> | Birth Place
<i>Idaho</i> | Full Name of Mother
<i>Emily Connolly</i> | | Name of Father
<i>William M. Connolly</i> | |
| SUPPORTING
RECORD 2. | Type of Document
<i>Social Security Record</i> | | By whom issued and signed
<i>Treasury Dept.</i> | | Date Issued | Date Orig. Entry
<i>July 23, 1937</i> |
| | Date of Birth
<i>Dec. 11, 1895</i> | Birth Place
<i>Fort Sherman, Idaho</i> | Full Name of Mother
<i>Mary Emily Sykes</i> | | Name of Father
<i>William Michael Connolly</i> | |
| SUPPORTING
RECORD 3. | Type of Document
<i>Marriage Record</i> | | By whom issued and signed
<i>San Francisco Co., S.F., Calif.</i> | | Date Issued
<i>5-15-26</i> | Date Orig. Entry
<i>May 10, 1926</i> |
| | Date of Birth
<i>age 30</i> | Birth Place
<i>-----</i> | Full Name of Mother
<i>-----</i> | | Name of Father
<i>-----</i> | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>D. W. Benson</i> | | Evidence reviewed by
<i>Nancy Richards</i> | | | Date Filed
<i>April 21, 1959</i> |

DELAWARE DEPARTMENT OF HEALTH STATE OF DELAWARE

APR 21 1960

| | | | |
|--|--|--|--|
| <p>1. Name of mother
 2. Name of father
 3. Date of birth
 4. Sex
 5. Race
 6. Color
 7. Weight
 8. Length
 9. Head circumference
 10. Chest circumference
 11. Arm circumference
 12. Mid upper arm circumference
 13. Mid lower arm circumference
 14. Mid calf circumference
 15. Foot length
 16. Foot width
 17. Hand length
 18. Hand width
 19. Finger length
 20. Finger width
 21. Thumb length
 22. Thumb width
 23. Ear length
 24. Ear width
 25. Ear height
 26. Ear depth
 27. Ear area
 28. Ear volume
 29. Ear weight
 30. Ear density
 31. Ear elasticity
 32. Ear flexibility
 33. Ear strength
 34. Ear endurance
 35. Ear resistance
 36. Ear tolerance
 37. Ear sensitivity
 38. Ear specificity
 39. Ear selectivity
 40. Ear discriminability
 41. Ear recognizability
 42. Ear memorability
 43. Ear recallability
 44. Ear retrievability
 45. Ear accessibility
 46. Ear usability
 47. Ear operability
 48. Ear maintainability
 49. Ear serviceability
 50. Ear supportability
 51. Ear sustainability
 52. Ear viability
 53. Ear feasibility
 54. Ear practicability
 55. Ear applicability
 56. Ear suitability
 57. Ear appropriateness
 58. Ear relevance
 59. Ear significance
 60. Ear importance
 61. Ear value
 62. Ear worth
 63. Ear merit
 64. Ear quality
 65. Ear excellence
 66. Ear superiority
 67. Ear preeminence
 68. Ear supremacy
 69. Ear dominance
 70. Ear primacy
 71. Ear leadership
 72. Ear guidance
 73. Ear direction
 74. Ear instruction
 75. Ear teaching
 76. Ear training
 77. Ear education
 78. Ear learning
 79. Ear development
 80. Ear growth
 81. Ear expansion
 82. Ear increase
 83. Ear improvement
 84. Ear enhancement
 85. Ear enrichment
 86. Ear elevation
 87. Ear elevation
 88. Ear elevation
 89. Ear elevation
 90. Ear elevation
 91. Ear elevation
 92. Ear elevation
 93. Ear elevation
 94. Ear elevation
 95. Ear elevation
 96. Ear elevation
 97. Ear elevation
 98. Ear elevation
 99. Ear elevation
 100. Ear elevation</p> | | <p>1. Name of mother
 2. Name of father
 3. Date of birth
 4. Sex
 5. Race
 6. Color
 7. Weight
 8. Length
 9. Head circumference
 10. Chest circumference
 11. Arm circumference
 12. Mid upper arm circumference
 13. Mid lower arm circumference
 14. Mid calf circumference
 15. Foot length
 16. Foot width
 17. Hand length
 18. Hand width
 19. Finger length
 20. Finger width
 21. Thumb length
 22. Thumb width
 23. Ear length
 24. Ear width
 25. Ear height
 26. Ear depth
 27. Ear area
 28. Ear volume
 29. Ear weight
 30. Ear density
 31. Ear elasticity
 32. Ear flexibility
 33. Ear strength
 34. Ear endurance
 35. Ear resistance
 36. Ear tolerance
 37. Ear sensitivity
 38. Ear specificity
 39. Ear selectivity
 40. Ear discriminability
 41. Ear recognizability
 42. Ear memorability
 43. Ear recallability
 44. Ear retrievability
 45. Ear accessibility
 46. Ear usability
 47. Ear operability
 48. Ear maintainability
 49. Ear serviceability
 50. Ear supportability
 51. Ear sustainability
 52. Ear viability
 53. Ear feasibility
 54. Ear practicability
 55. Ear applicability
 56. Ear suitability
 57. Ear appropriateness
 58. Ear relevance
 59. Ear significance
 60. Ear importance
 61. Ear value
 62. Ear worth
 63. Ear merit
 64. Ear quality
 65. Ear excellence
 66. Ear superiority
 67. Ear preeminence
 68. Ear supremacy
 69. Ear dominance
 70. Ear primacy
 71. Ear leadership
 72. Ear guidance
 73. Ear direction
 74. Ear instruction
 75. Ear teaching
 76. Ear training
 77. Ear education
 78. Ear learning
 79. Ear development
 80. Ear growth
 81. Ear expansion
 82. Ear increase
 83. Ear improvement
 84. Ear enhancement
 85. Ear enrichment
 86. Ear elevation
 87. Ear elevation
 88. Ear elevation
 89. Ear elevation
 90. Ear elevation
 91. Ear elevation
 92. Ear elevation
 93. Ear elevation
 94. Ear elevation
 95. Ear elevation
 96. Ear elevation
 97. Ear elevation
 98. Ear elevation
 99. Ear elevation
 100. Ear elevation</p> | |
|--|--|--|--|

365-230-004-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-378

| | | | | | |
|--|---|------------------|--|---|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Martha Delphia Long | | | 2. Date (month) (day) (year)
Of Birth September 30, 1895 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Bear Lake Co. | | b. City or Town of Birth
Bloomington, Idaho |
| FATHER | 6. Full Name of Father
John William Long | | | 7. State or Country of Father's Birth
Ogden, Utah | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Christensen | | | 9. State or Country of Mother's Birth
Bloomington, Idaho | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Martha Delphia Long</i> | 11. Present Address of Registrant
957 W. Clark
Pocatello, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>April 24th</i> 1959 | | | 12. Signature of Notary
<i>Keith E. Tonks</i> | 13. Notary Commission expires
<i>Feb 4</i> 1963 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|--|--|-----------------------------------|---|--------------------------------|-----------------------------------|
| SUPPORTING
RECORD 1- | Type of Document
Church Record-Blessing | | By whom issued and signed
LDS Church, Salt Lake City | Date issued
4-8-59 | Date Orig. Entry
Nov. 17, 1895 |
| | Date of Birth
Sept. 30,
1895 | Birth Place
Bloomington, Idaho | Full Name of Mother
Mary Christensen | Name of Father
John W. Long | |
| SUPPORTING
RECORD 2- | Type of Document (born 6-2-1873)
Affidavit by mother's brother | | By whom issued and signed
Abraham O. Christenson | Date issued
4-8-59 | Date Orig. Entry |
| | Date of Birth
Sept. 30,
1895 | Birth Place
Bloomington, Idaho | Full Name of Mother
Mary Christenson Long | Name of Father
John W. Long | |
| SUPPORTING
RECORD 3- | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #77355 | Date issued | Date Orig. Entry
Feb. 14, 1920 |
| | Date of Birth
age 24 | Birth Place
Idaho | Full Name of Mother
----- | Name of Father
----- | |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. J. Benson</i> | | Evidence reviewed by
Nancy Richards | Date Filed
April 28, 1959 | |

DELETED COPY
NO LONGER IN FILE

.....

FORM NO. 10-01

459-220-004-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-384

| | | | | | | | |
|--|---|-------------------------|--|--|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Mable Merrill</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Oct</i> <i>20</i> <i>1895</i> | | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>female</i> | 5. Place of Birth a. County
<i>Bennington-Bear Lake</i> | | b. City or Town of Birth
<i>Bennington</i> | | |
| FATHER | 6. Full Name of Father
<i>Jedediah Grant Merrill</i> | | | | 7. State or Country of Father's Birth
<i>Utah</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Harriet Amelia Dunn</i> | | | | 9. State or Country of Mother's Birth
<i>Idaho</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Mable Merrill</i> | | 11. Present Address of Registrant
<i>Bennington - Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>April 20 1959</i> | | | | 12. Signature of Notary
<i>James D. Bartholomew</i> | | 13. Notary Commission expires
<i>6-2 1962</i> |

| | | | | | | | |
|--|--|--|--|--|--|--|---|
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | | |
| SUPPORTING
RECORD 1. | Type of Document
Certificate of Baptism and Confirmation (Duplicate) | | By whom issued and signed
Wayne W. George, Bishop of L.D.S. Bennington Ward | | | Date Issued
April 11, 1959 | Date Orig. Entry
Baptized Oct. 20, 1903 |
| | Date of Birth
October 20, 1895 | Birth Place
Bennington, Bear Lake Co., Ida. | Full Name of Mother
Harriet Amelia Dunn | | | Name of Father
Jedediah Grant Merrill | |
| SUPPORTING
RECORD 2. | Type of Document
Affidavit by Uncle | | By whom issued and signed
Jesse E. Dunn | | | Date Issued
April 20, 1959 | Date Orig. Entry |
| | Date of Birth
Oct. 20, 1895 | Birth Place
Bennington, Idaho | Full Name of Mother
Harriott Amelia Dunn | | | Name of Father
Jedediah Grant Merrill | |
| SUPPORTING
RECORD 3. | Type of Document
Own child birth certificate | | By whom issued and signed
On file Vital Statistics, Idaho #74993 | | | Date issued | Date Orig. Entry
Child Born Jan. 3, 1920 |
| | Date of Birth
Age 24 | Birth Place
Idaho | Full Name of Mother
--- | | | Name of Father
--- | |
| QUALIFYING
INFORMATION | | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | | |
| | State Registrar

W.W. Benson | | | Evidence reviewed by

Sharon E. Skaggs | | Date Filed

April 29, 1959 | |

THIS IS STATED THAT THE
DATE IS 1976

100-1407
JUN 17 1964
FBI - NEW YORK
JUN 17 1964
FBI - NEW YORK

REF ID: A55555

250842 3 NOV 67

10270-15.6

863-209-026-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-436

| | | | | | | |
|---|---|-------------------------|--|---|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Harriet Viola Holland | | | 2. Date (month) (day) (year)
Of Birth March 9, 1895 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
now Jefferson County | b. City or Town of Birth
Grant, Idaho | | |
| FATHER | 6. Full Name of Father
Joseph Holland | | | 7. State or Country of Father's Birth
Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Harriet Daniels Brown | | | 9. State or Country of Mother's Birth
Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Viola Hanson</i> | | 11. Present Address of Registrant
<i>885 N Capital Blvd Salt Lake</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>April 20 1959</i> | | | 12. Signature of Notary
<i>Q. J. Peterson</i> | | 13. Notary Commission expires
<i>Jan - 21 1962</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-----------------------------|--|------------------------------------|---|---|---|
| SUPPORTING RECORD 1. | Type of Document
Church Record--Blessing | | By whom issued and signed
IDS Church
Salt Lake City, Utah | Date issued
4-16-59 | Date Orig. Entry
June 2, 1895 |
| | Date of Birth
March 9, 1895 | Birth Place
Grant, Idaho | Full Name of Mother
Harriet Brown | Name of Father
Joseph Holland | |
| SUPPORTING RECORD 2. | Type of Document
Insurance Application | | By whom issued and signed
Idaho Mutual Benefit Assoc. | Date issued | Date Orig. Entry
April 5, 1944 |
| | Date of Birth
March 9, 1895 | Birth Place
Grant, Idaho | Full Name of Mother
----- | Name of Father
----- | |
| SUPPORTING RECORD 3. | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #255753 | Date issued | Date Orig. Entry
child born June 25, 1937 |
| | Date of Birth
age 42 | Birth Place
Grant, Idaho | Full Name of Mother
----- | Name of Father
----- | |

QUALIFYING INFORMATION

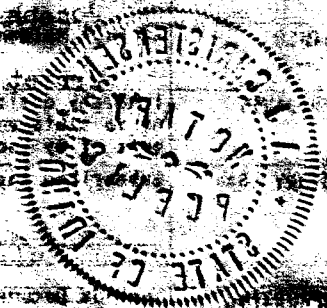
REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---|-----------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Nancy Richards | Date Filed
May 21, 1959 |

DECEASED CERTIFICATE OF BIRTH
STATE OF TEXAS

MAY 21 1950

| | | | | | |
|-------------------------|--|---------------|--|----------------|--|
| Name of child at birth | | Date of birth | | Place of birth | |
| John William | | May 21, 1950 | | Dallas, Texas | |
| Name of mother | | Date of birth | | Place of birth | |
| Mary Elizabeth | | May 15, 1915 | | Dallas, Texas | |
| Name of father | | Date of birth | | Place of birth | |
| Robert Lee | | May 10, 1910 | | Dallas, Texas | |
| Name of mother at birth | | Date of birth | | Place of birth | |
| Mary Elizabeth | | May 15, 1915 | | Dallas, Texas | |
| Name of father at birth | | Date of birth | | Place of birth | |
| Robert Lee | | May 10, 1910 | | Dallas, Texas | |
| Name of mother at death | | Date of death | | Place of death | |
| Mary Elizabeth | | May 15, 1915 | | Dallas, Texas | |
| Name of father at death | | Date of death | | Place of death | |
| Robert Lee | | May 10, 1910 | | Dallas, Texas | |



296-102-029-268

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-517

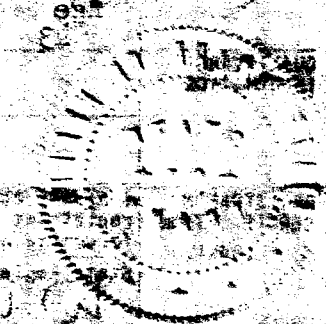
| | | | | | | |
|---|---|-------------|--------------------------------------|--|--|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
William Price Browning | | | 2. Date (month) (day) (year)
Of Birth January 2 1895 | | |
| | 3. Color or Race
white | 4. Sex
M | 5. Place of Birth a. County
Latah | b. City or Town of Birth
Potlatch, Idaho (Freeze Idaho) | | |
| FATHER | 6. Full Name of Father
Gilbert Newton Browning | | | 7. State or Country of Father's Birth
Missouri | | |
| MOTHER | 8. Full Maiden Name of Mother
Amanda Berthine Boyd | | | 9. State or Country of Mother's Birth
Missouri | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>William Price Browning</i> | | 11. Present Address of Registrant
Princeton, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
April 3, 1959 19 | | | 12. Signature of Notary
<i>W. H. Walton</i> | | 13. Notary Commission expires
August 1, 1959 |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|--------------------------------|---|--|---------------------------------------|
| SUPPORTING RECORD 1- | Type of Document
Social Security Record | | By whom issued and signed
Treasury Dept. | | Date issued
Dec. 2, 1936 |
| | Date of Birth
Jan. 2, 1895 | Birth Place
Potlatch, Idaho | Full Name of Mother
Manda B. Boyd | | Name of Father
Gilbert N. Browning |
| SUPPORTING RECORD 2- | Type of Document
Affidavit by neighbor at time of birth | | By whom issued and signed
(16 yrs. older)
John Cone | | Date issued
6-5-59 |
| | Date of Birth
Jan. 2, 1895 | Birth Place
Freeze, Idaho | Full Name of Mother
--- | | Name of Father
Gilbert Browning |
| SUPPORTING RECORD 3- | Type of Document
(Identification Card)
Employment record | | By whom issued and signed
U. S. Employment Service | | Date issued
May 12, 1938 |
| | Date of Birth
Age 43 | Birth Place
--- | Full Name of Mother
--- | | Name of Father
--- |

| | | | |
|--|--|--|-----------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. H. Benson</i> | Evidence reviewed by
Nancy Richards | Date Filed
June 15, 1959 |

RECEIVED MAY 11 1960

JUN 15 1960



766-206-206-001-519 DELAYED CERTIFICATE OF BIRTH
 Department of Public Health
 Division of Vital Statistics
 Boise, Idaho
 STATE OF IDAHO

State File No. De59-644
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | | |
|--|---|-------------------------|--|--|---|--|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>Minnie Maude Pfoet</u> | | | | 2. Date of Birth (month) (day) (year)
<u>March 6 1895</u> | | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Female</u> | 5. Place of Birth
<u>Star, Ada County</u> | | b. City or Town of Birth
<u>Star, Idaho</u> | | |
| FATHER | 6. Full Name of Father
<u>Isaac Staten Pfoet</u> | | | | 7. State or Country of Father's Birth
<u>Virginia</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Lucinda Emmeline Earhart</u> | | | | 9. State or Country of Mother's Birth
<u>West Virginia</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Minnie Maude Pfoet Peterson</u> | | 11. Present Address of Registrant
<u>2802 S. Odell St. Star, Idaho</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>August 4 1959</u> | | | | 12. Signature of Notary
<u>Robt. E. Ewing</u> | | 13. Notary Commission expires
<u>March 15 1962</u> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|--|---|---|---|---|---|
| SUPPORTING RECORD 1.

Class <u>B</u> | Type of Document (born 1-10-1881)
<u>Affidavit by sister</u> | | By whom issued and signed
<u>Melissa Emma Pfoet Arbuckle</u> | Date issued
<u>1-21-56</u> | Date Orig. Entry |
| | Date of Birth
<u>March 6, 1895</u> | Birth Place
<u>Ada Co. Star, Idaho</u> | Full Name of Mother
<u>Lucinda Emmeline Earhart</u> | Name of Father
<u>Isaac Staten Pfoet</u> | |
| SUPPORTING RECORD 2.

Class <u>B</u> | Type of Document
<u>Marriage Record</u> | | By whom issued and signed
<u>Alameda County, Calif.</u> | Date issued
<u>5-25-56</u> | Date Orig. Entry
<u>Sept. 12, 1913</u> |
| | Date of Birth
<u>age 18</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>Emma Earhart</u> | Name of Father
<u>Isaac S. Pfoet</u> | |
| SUPPORTING RECORD 3.

Class <u>B</u> | Type of Document
<u>own child's birth certificate</u> | | By whom issued and signed
<u>California #423</u> | Date issued
<u>5-12-53</u> | Date Orig. Entry
<u>child born Jan. 16, 1915</u> |
| | Date of Birth
<u>age 19</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>—</u> | Name of Father
<u>—</u> | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

| | | |
|--|---|-----------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<u>W. B. Ewing</u> | Evidence reviewed by
<u>Nancy Richards</u> | Date Filed
<u>Aug. 7, 1959</u> |

* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

AUG 7 1968

[illegible]

TALBOT, J. W.

SECRET - (S)
 04150 1 1215
 (04150 1 1215)

1154

東洋報社

陳其南

— **THE**

20160902

Page 13

ART. 1000

1990

SECRET

2 MAR 21 1970
FBI NEW YORK

11-11-12

2014年12月10日

10-11-77 10:00 AM

This group's total \$2.00 fee provides the following results:

| | Year | Total Fee | Per Person |
|---------|--------|-----------|------------|
| 1976-77 | \$2.00 | \$2.00 | \$2.00 |
| 1977-78 | \$2.00 | \$2.00 | \$2.00 |
| 1978-79 | \$2.00 | \$2.00 | \$2.00 |
| 1979-80 | \$2.00 | \$2.00 | \$2.00 |
| 1980-81 | \$2.00 | \$2.00 | \$2.00 |
| 1981-82 | \$2.00 | \$2.00 | \$2.00 |
| 1982-83 | \$2.00 | \$2.00 | \$2.00 |
| 1983-84 | \$2.00 | \$2.00 | \$2.00 |
| 1984-85 | \$2.00 | \$2.00 | \$2.00 |
| 1985-86 | \$2.00 | \$2.00 | \$2.00 |
| 1986-87 | \$2.00 | \$2.00 | \$2.00 |
| 1987-88 | \$2.00 | \$2.00 | \$2.00 |
| 1988-89 | \$2.00 | \$2.00 | \$2.00 |
| 1989-90 | \$2.00 | \$2.00 | \$2.00 |
| 1990-91 | \$2.00 | \$2.00 | \$2.00 |
| 1991-92 | \$2.00 | \$2.00 | \$2.00 |
| 1992-93 | \$2.00 | \$2.00 | \$2.00 |
| 1993-94 | \$2.00 | \$2.00 | \$2.00 |
| 1994-95 | \$2.00 | \$2.00 | \$2.00 |
| 1995-96 | \$2.00 | \$2.00 | \$2.00 |
| 1996-97 | \$2.00 | \$2.00 | \$2.00 |
| 1997-98 | \$2.00 | \$2.00 | \$2.00 |
| 1998-99 | \$2.00 | \$2.00 | \$2.00 |
| 1999-00 | \$2.00 | \$2.00 | \$2.00 |
| 2000-01 | \$2.00 | \$2.00 | \$2.00 |
| 2001-02 | \$2.00 | \$2.00 | \$2.00 |
| 2002-03 | \$2.00 | \$2.00 | \$2.00 |
| 2003-04 | \$2.00 | \$2.00 | \$2.00 |
| 2004-05 | \$2.00 | \$2.00 | \$2.00 |
| 2005-06 | \$2.00 | \$2.00 | \$2.00 |
| 2006-07 | \$2.00 | \$2.00 | \$2.00 |
| 2007-08 | \$2.00 | \$2.00 | \$2.00 |
| 2008-09 | \$2.00 | \$2.00 | \$2.00 |
| 2009-10 | \$2.00 | \$2.00 | \$2.00 |
| 2010-11 | \$2.00 | \$2.00 | \$2.00 |
| 2011-12 | \$2.00 | \$2.00 | \$2.00 |
| 2012-13 | \$2.00 | \$2.00 | \$2.00 |
| 2013-14 | \$2.00 | \$2.00 | \$2.00 |
| 2014-15 | \$2.00 | \$2.00 | \$2.00 |
| 2015-16 | \$2.00 | \$2.00 | \$2.00 |
| 2016-17 | \$2.00 | \$2.00 | \$2.00 |
| 2017-18 | \$2.00 | \$2.00 | \$2.00 |
| 2018-19 | \$2.00 | \$2.00 | \$2.00 |
| 2019-20 | \$2.00 | \$2.00 | \$2.00 |
| 2020-21 | \$2.00 | \$2.00 | \$2.00 |
| 2021-22 | \$2.00 | \$2.00 | \$2.00 |
| 2022-23 | \$2.00 | \$2.00 | \$2.00 |
| 2023-24 | \$2.00 | \$2.00 | \$2.00 |
| 2024-25 | \$2.00 | \$2.00 | \$2.00 |
| 2025-26 | \$2.00 | \$2.00 | \$2.00 |
| 2026-27 | \$2.00 | \$2.00 | \$2.00 |
| 2027-28 | \$2.00 | \$2.00 | \$2.00 |
| 2028-29 | \$2.00 | \$2.00 | \$2.00 |
| 2029-30 | \$2.00 | \$2.00 | \$2.00 |
| 2030-31 | \$2.00 | \$2.00 | \$2.00 |
| 2031-32 | \$2.00 | \$2.00 | \$2.00 |
| 2032-33 | \$2.00 | \$2.00 | \$2.00 |
| 2033-34 | \$2.00 | \$2.00 | \$2.00 |
| 2034-35 | \$2.00 | \$2.00 | \$2.00 |
| 2035-36 | \$2.00 | \$2.00 | \$2.00 |
| 2036-37 | \$2.00 | \$2.00 | \$2.00 |
| 2037-38 | \$2.00 | \$2.00 | \$2.00 |
| 2038-39 | \$2.00 | \$2.00 | \$2.00 |
| 2039-40 | \$2.00 | \$2.00 | \$2.00 |
| 2040-41 | \$2.00 | \$2.00 | \$2.00 |
| 2041-42 | \$2.00 | \$2.00 | \$2.00 |
| 2042-43 | \$2.00 | \$2.00 | \$2.00 |
| 2043-44 | \$2.00 | \$2.00 | \$2.00 |
| 2044-45 | \$2.00 | \$2.00 | \$2.00 |
| 2045-46 | \$2.00 | \$2.00 | \$2.00 |
| 2046-47 | \$2.00 | \$2.00 | \$2.00 |
| 2047-48 | \$2.00 | \$2.00 | \$2.00 |
| 2048-49 | \$2.00 | \$2.00 | \$2.00 |
| 2049-50 | \$2.00 | \$2.00 | \$2.00 |
| 2050-51 | \$2.00 | \$2.00 | \$2.00 |
| 2051-52 | \$2.00 | \$2.00 | \$2.00 |
| 2052-53 | \$2.00 | \$2.00 | \$2.00 |
| 2053-54 | \$2.00 | \$2.00 | \$2.00 |
| 2054-55 | \$2.00 | \$2.00 | \$2.00 |
| 2055-56 | \$2.00 | \$2.00 | \$2.00 |
| 2056-57 | \$2.00 | \$2.00 | \$2.00 |
| 2057-58 | \$2.00 | \$2.00 | \$2.00 |
| 2058-59 | \$2.00 | \$2.00 | \$2.00 |
| 2059-60 | \$2.00 | \$2.00 | \$2.00 |
| 2060-61 | \$2.00 | \$2.00 | \$2.00 |
| 2061-62 | \$2.00 | \$2.00 | \$2.00 |
| 2062-63 | \$2.00 | \$2.00 | \$2.00 |
| 2063-64 | \$2.00 | \$2.00 | \$2.00 |
| 2064-65 | \$2.00 | \$2.00 | \$2.00 |
| 2065-66 | \$2.00 | \$2.00 | \$2.00 |
| 2066-67 | \$2.00 | \$2.00 | \$2.00 |
| 2067-68 | \$2.00 | \$2.00 | \$2.00 |
| 2068-69 | \$2.00 | \$2.00 | \$2.00 |
| 2069-70 | \$2.00 | \$2.00 | \$2.00 |

513-101-009-317

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-670

| | | | | | |
|---|--|-----------------------------------|---|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
George J. Naccarato | | | 2. Date (month) (day) (year)
Of Birth Dec. 1st. 1895 | |
| | 3. Color or Race
white | 4. Sex
Male | 5. Place of Birth
a. County
Bonner | b. City or Town of Birth
Priest River, Idaho | |
| FATHER | 6. Full Name of Father
Joseph Naccarato | | | 7. State or Country of Father's Birth
Italy | |
| MOTHER | 8. Full Maiden Name of Mother
Teresa Caprai | | | 9. State or Country of Mother's Birth
Italy | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>George J. Naccarato</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
July 18 19 59 | | | 11. Present Address of Registrant
528 East Lacrosse
Spokane Wash
12. Signature of Notary
<i>Georgia Hulman M. Pe</i>
13. Notary Commission expires
Aug. 1 1968 | |
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
| SUPPORTING RECORD 1. | Type of Document
Affidavit by uncle, age 87 | | By whom issued and signed
Mike Caprai | | Date issued
7-25-59 |
| | Date of Birth
Dec. 1, 1895 | Birth Place
Priest River, Ida. | Full Name of Mother
Teresa Caprai Naccarato | | Name of Father
Joseph Naccarato |
| SUPPORTING RECORD 2. | Type of Document
Honorable Discharge Record | | By whom issued and signed
U. S. Army | | Date issued
discharged 4-18-19 |
| enlistment age- 22 yrs. | Date of Birth
Dec. 1, 1895 | Birth Place
Priest River, Ida. | Full Name of Mother
----- | | Date Orig. Entry
enlisted July 22, 1918 |
| SUPPORTING RECORD 3. | Type of Document
Insurance Policy | | By whom issued and signed
Sun Life Assurance Co. of Canada | | Date issued
6-29-29 |
| | Date of Birth
Dec. 1, 1895 | Birth Place
Priest River, Ida. | Full Name of Mother
----- | | Date Orig. Entry
May 29, 1929 |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
Nancy Richards | | Date Filed
Aug. 11, 1959 |

STATE OF IOWA
DEPARTMENT OF REVENUE

世界日報

100

and the following:

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

SECRET

1964-1965

Abstract

and that they have been used for the purpose of
the Government of the United States and the
people of the United States.

THESE



© 2000 Blackwell Science Ltd *Journal of Internal Medicine* 247: 111–116

SAI JING ZHONG GUO REN SHI

SECRET

247-14-7

2000

SECRET

100-443887-1

新 華 社 出 版

SECRET

1955

100-443887-100

● 1997年12月1日

RESEARCH

11C

1945

(continued)

1990

DELETED

SECRET

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

...and the

1997-1998

1. The first of these is the fact that the Government has not been able to secure the necessary funds to carry out its programme. This is due to a number of factors, including the fact that the Government has not been able to secure the necessary funds to carry out its programme. This is due to a number of factors, including the fact that the Government has not been able to secure the necessary funds to carry out its programme. This is due to a number of factors, including the fact that the Government has not been able to secure the necessary funds to carry out its programme.

10-10-68

1950年10月1日

Figure 1. The effect of the concentration of the inhibitor on the rate of polymerization of α -methylstyrene in the presence of SnCl_4 at 25°C .

2000-2001

2000

313-117-001-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-696

| | | | | | | |
|--|---|----------------|---------------------------------------|---|---|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Herbert Delancy Lackey | | | | 2. Date
Of
Birth
November 17, 1895 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
a. County
Ada | | b. City or Town of Birth
Boise | |
| FATHER | 6. Full Name of Father
Andrew M. Lackey | | | | 7. State or Country of Father's Birth
Virginia | |
| MOTHER | 8. Full Maiden Name of Mother
Stevie Emily Schreckhise | | | | 9. State or Country of Mother's Birth
Virginia | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>H. D. Lackey</i> | | 11. Present Address of Registrant
Box 173
Ontario, Oregon |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>August 14</i> 1959 | | | 12. Signature of Notary
<i>Hazel L. Hurlbert</i> | | 13. Notary Commission expires
<i>Sept. 28</i> 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|-----------------------------|---|--|--|--|
| SUPPORTING
RECORD 1. | Type of Document
Copy of census record | | By whom issued and signed
U.S. Dept. of Commerce
Bureau of the Census | | Date issued
July 17,
1959 | Date Orig. Entry
Census as of
June 1, 1900 |
| | Date of Birth
Nov. 1895 | Birth Place
Idaho | Full Name of Mother
Stevie E. Lackey | | Name of Father
Andrew M. Lackey | |
| SUPPORTING
RECORD 2. | Type of Document
Age 83
Affidavit by Second Cousin | | By whom issued and signed
Ada B. Latham | | Date issued
May 6,
1959 | Date Orig. Entry |
| | Date of Birth
Nov. 17,
1895 | Birth Place
Boise, Idaho | Full Name of Mother
Stevie E. Lackey | | Name of Father
Andrew Miller Lackey | |
| SUPPORTING
RECORD 3. | Type of Document
Bible Record | | By whom issued and signed | | Date issued | Date Orig. Entry
July 20,
1915 |
| | Date of Birth
Nov. 17,
1895 | Birth Place
--- | Full Name of Mother
Stevie E. Schrickhise | | Name of Father
Andrew Miller Lackey | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W.W. Benson

Evidence reviewed by

ses

Sharon E. Skaggs

Date Filed

August 21, 1959

1004 paid-

7-1 AUG 24 1950

DECEASED CERTIFICATE OF BIRTH
FATHER OF BIRTH

20-22 20-22 20-22

| | | | |
|---|--|---|--|
| FATHER'S NAME
FATHER'S BIRTH DATE
FATHER'S BIRTH PLACE
FATHER'S OCCUPATION
FATHER'S MARITAL STATUS
FATHER'S RELIGION
FATHER'S SIGNATURE | | MOTHER'S NAME
MOTHER'S BIRTH DATE
MOTHER'S BIRTH PLACE
MOTHER'S OCCUPATION
MOTHER'S MARITAL STATUS
MOTHER'S RELIGION
MOTHER'S SIGNATURE | |
| CHILD'S NAME
CHILD'S BIRTH DATE
CHILD'S BIRTH PLACE
CHILD'S SEX
CHILD'S RACE
CHILD'S RELIGION
CHILD'S SIGNATURE | | CHILD'S NAME
CHILD'S BIRTH DATE
CHILD'S BIRTH PLACE
CHILD'S SEX
CHILD'S RACE
CHILD'S RELIGION
CHILD'S SIGNATURE | |
| WITNESSES
WITNESS 1 NAME
WITNESS 1 SIGNATURE
WITNESS 2 NAME
WITNESS 2 SIGNATURE | | WITNESSES
WITNESS 1 NAME
WITNESS 1 SIGNATURE
WITNESS 2 NAME
WITNESS 2 SIGNATURE | |
| REGISTRAR
REGISTRAR NAME
REGISTRAR SIGNATURE
REGISTRAR TITLE | | REGISTRAR
REGISTRAR NAME
REGISTRAR SIGNATURE
REGISTRAR TITLE | |



419-118-016-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-719

| | | | | | | | |
|--|---|----------------|---------------------------------------|--|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Clyde Alonzo Martindale | | | | 2. Date (month) (day) (year)
Of Birth November 18, 1895 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Cassia | | b. City or Town of Birth
Oakley | | |
| FATHER | 6. Full Name of Father
Joseph Alonzo Martindale | | | | 7. State or Country of Father's Birth
Grantsville, Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Bell → MARY MELVINA BELL | | | | 9. State or Country of Mother's Birth 9/30/1876
MARYSVILLE UTAH | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
Clyde A. Martindale | | 11. Present Address of Registrant
4781 Swing Rd, Castro Valley Calif. |
| NOTARY (Seal) | Subscribed and sworn to before me on
26 August 1959 | | | | 12. Signature of Notary
John McMillan | | 13. Notary Commission expires
19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

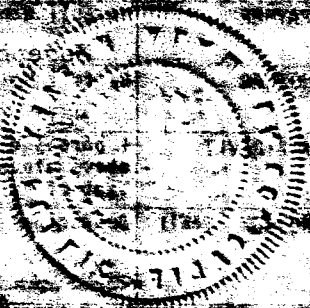
| | | | | | | |
|--|--|--|--|--|--|---|
| SUPPORTING
RECORD 1- | Type of Document
Own child's birth certificate | | By whom issued and signed
On file Vital Statistics,
Idaho #52374 | | Date issued | Date Orig. Entry
Child born
Sept. 6, 1917 |
| | Date of Birth
Age 21 | Birth Place
Idaho | Full Name of Mother
-- | | Name of Father
-- | |
| SUPPORTING
RECORD 2- | Type of Document
Affidavit by Father, Age 84 | | By whom issued and signed
Joseph A. Martindale | | Date issued
July 21,
1959 | Date Orig. Entry |
| | Date of Birth
Nov. 18,
1895 | Birth Place
Oakley, Cassia Co.
Idaho | Full Name of Mother
Mary Bell | | Name of Father
Joseph Alonzo Martindale | |
| SUPPORTING
RECORD 3- | Type of Document
Church Record | | By whom issued and signed
Castro Valley Ward, Hayward
Stake, LDS Church, Castro Valley, Calif. | | Date issued
8-23-59 | Date Orig. Entry
Sept. 3, 1905 |
| | Date of Birth
Nov. 18,
1895 | Birth Place
Cassia Co.
Oakley, Idaho | Full Name of Mother
---- | | Name of Father
---- | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
ses Nancy Richards | | | Date Filed
AUG 20 1959
AUG 28 1959 |

1 COPY PAID

DELETED CERTIFICATE OF BIRTH
STATE OF IOWA

AUG 31 1960

| | | | | |
|--|---------------------------------------|----------------------------------|---------------------------------------|---------------------------------------|
| 1. Name of child
Cassidy, William
1894 | 2. Date of birth
November 18, 1894 | 3. Place of birth
Oxley, Iowa | 4. Name of father
Cassidy, William | 5. Name of mother
Cassidy, William |
| 6. Name of child
Cassidy, William | | | | |
| 7. Date of birth
November 18, 1894 | | | | |
| 8. Place of birth
Oxley, Iowa | | | | |
| 9. Name of father
Cassidy, William | | | | |
| 10. Name of mother
Cassidy, William | | | | |
| 11. Name of child
Cassidy, William | | | | |
| 12. Date of birth
November 18, 1894 | | | | |
| 13. Place of birth
Oxley, Iowa | | | | |
| 14. Name of father
Cassidy, William | | | | |
| 15. Name of mother
Cassidy, William | | | | |



| | | | | |
|--|---------------------------------------|----------------------------------|---------------------------------------|---------------------------------------|
| 1. Name of child
Cassidy, William | 2. Date of birth
November 18, 1894 | 3. Place of birth
Oxley, Iowa | 4. Name of father
Cassidy, William | 5. Name of mother
Cassidy, William |
| 6. Name of child
Cassidy, William | | | | |
| 7. Date of birth
November 18, 1894 | | | | |
| 8. Place of birth
Oxley, Iowa | | | | |
| 9. Name of father
Cassidy, William | | | | |
| 10. Name of mother
Cassidy, William | | | | |
| 11. Name of child
Cassidy, William | | | | |
| 12. Date of birth
November 18, 1894 | | | | |
| 13. Place of birth
Oxley, Iowa | | | | |
| 14. Name of father
Cassidy, William | | | | |
| 15. Name of mother
Cassidy, William | | | | |



DELETED CERTIFICATE OF BIRTH
STATE OF IOWA

1. Name of child
Cassidy, William

2. Date of birth
November 18, 1894

3. Place of birth
Oxley, Iowa

4. Name of father
Cassidy, William

5. Name of mother
Cassidy, William

6. Name of child
Cassidy, William

7. Date of birth
November 18, 1894

8. Place of birth
Oxley, Iowa

9. Name of father
Cassidy, William

10. Name of mother
Cassidy, William

11. Name of child
Cassidy, William

12. Date of birth
November 18, 1894

13. Place of birth
Oxley, Iowa

14. Name of father
Cassidy, William

15. Name of mother
Cassidy, William

359-220-019-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-757

| | | | | | | |
|--|---|-------------------------|--|---|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<u>Elizabeth Laura Leigh</u> | | | 2. Date of Birth (month) (day) (year)
<u>January 20, 1895</u> | | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Female</u> | 5. Place of Birth a. County
<u>Custer</u> | b. City or Town of Birth
<u>Clayton</u> | | |
| FATHER | 6. Full Name of Father
<u>Samuel Morris Leigh</u> | | | 7. State or Country of Father's Birth
<u>Brigham City, Utah</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Laura Henzler</u> | | | 9. State or Country of Mother's Birth
<u>Pittsburg, Pennsylvania</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<u>Elizabeth Leigh Brown</u> | | 11. Present Address of Registrant
<u>3021 Teadville St.</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>August 25 1959</u> | | | 12. Signature of Notary
<u>Hazel L. Hurlbert</u> | | 13. Notary Commission expires <u>Sept. 28 1960</u> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|----------------------|--|--|--|--|--|
| SUPPORTING RECORD 1. | Type of Document
<u>age 79 Affidavit by half-brother</u> | | By whom issued and signed
<u>John R. Smith</u> | Date issued
<u>Sept. 1, 1959</u> | Date Orig. Entry
<u>--</u> |
| | Date of Birth
<u>Jan. 20, 1895</u> | Birth Place
<u>Clayton, Custer Co., Idaho</u> | Full Name of Mother
<u>Laura Henzler</u> | Name of Father
<u>Samuel Morris Leigh</u> | |
| SUPPORTING RECORD 2. | Type of Document
<u>certified copy of marriage record. Book 1 page 27</u> | | By whom issued and signed
<u>Vern Thomas, Ada county recorder, Boise, Idaho</u> | Date issued
<u>Aug. 26, 1959</u> | Date Orig. Entry
<u>June 20, 1922</u> |
| | Date of Birth
<u>Age 27</u> | Birth Place
<u>Clayton, Idaho</u> | Full Name of Mother
<u>--</u> | Name of Father
<u>--</u> | |
| SUPPORTING RECORD 3. | Type of Document
<u>Family Bible record</u> | | By whom issued and signed
<u>--</u> | Date issued
<u>--</u> | Date Orig. Entry
<u>obviously old</u> |
| | Date of Birth
<u>Jan. 20, 1895</u> | Birth Place
<u>Clayton, Idaho</u> | Full Name of Mother
<u>--</u> | Name of Father
<u>--</u> | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. W. Benson

Evidence reviewed by
Lois Ayers

Date Filed
Sept. 14, 1959

STATE OF IOWA DEPARTMENT OF PUBLIC SAFETY BUREAU OF INVESTIGATION

| | | | |
|--|--|---|--|
| 1. Name of Person
2. Date of Birth
3. Place of Birth
4. Sex
5. Race
6. Height
7. Weight
8. Color of Hair
9. Color of Eyes
10. Color of Skin
11. Scars or Marks
12. Tattoos
13. Fingers
14. Feet
15. Other | | 16. Name of Person
17. Date of Birth
18. Place of Birth
19. Sex
20. Race
21. Height
22. Weight
23. Color of Hair
24. Color of Eyes
25. Color of Skin
26. Scars or Marks
27. Tattoos
28. Fingers
29. Feet
30. Other | |
| 31. Name of Person
32. Date of Birth
33. Place of Birth
34. Sex
35. Race
36. Height
37. Weight
38. Color of Hair
39. Color of Eyes
40. Color of Skin
41. Scars or Marks
42. Tattoos
43. Fingers
44. Feet
45. Other | | 46. Name of Person
47. Date of Birth
48. Place of Birth
49. Sex
50. Race
51. Height
52. Weight
53. Color of Hair
54. Color of Eyes
55. Color of Skin
56. Scars or Marks
57. Tattoos
58. Fingers
59. Feet
60. Other | |
| 61. Name of Person
62. Date of Birth
63. Place of Birth
64. Sex
65. Race
66. Height
67. Weight
68. Color of Hair
69. Color of Eyes
70. Color of Skin
71. Scars or Marks
72. Tattoos
73. Fingers
74. Feet
75. Other | | 76. Name of Person
77. Date of Birth
78. Place of Birth
79. Sex
80. Race
81. Height
82. Weight
83. Color of Hair
84. Color of Eyes
85. Color of Skin
86. Scars or Marks
87. Tattoos
88. Fingers
89. Feet
90. Other | |
| 91. Name of Person
92. Date of Birth
93. Place of Birth
94. Sex
95. Race
96. Height
97. Weight
98. Color of Hair
99. Color of Eyes
100. Color of Skin
101. Scars or Marks
102. Tattoos
103. Fingers
104. Feet
105. Other | | 106. Name of Person
107. Date of Birth
108. Place of Birth
109. Sex
110. Race
111. Height
112. Weight
113. Color of Hair
114. Color of Eyes
115. Color of Skin
116. Scars or Marks
117. Tattoos
118. Fingers
119. Feet
120. Other | |



DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-775

| | | | | | | |
|--|---|-----------------------|--|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
William Harold Biggs | | | 2. Date (month) (day) (year)
Of Birth June 6 1895 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
(Oneida)
Franklin | b. City or Town of Birth
Franklin, Idaho | | |
| FATHER | 6. Full Name of Father
John B iggs | | | 7. State or Country of Father's Birth
Kimpton Herts England | | |
| MOTHER | 8. Full Maiden Name of Mother
Jane Ramsbottom | | | 9. State or Country of Mother's Birth
Oldham Lanchshire England | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>W H Biggs</i> | | 11. Present Address of Registrant
<i>Franklin Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Sept 7 1959</i> | | | 12. Signature of Notary
<i>Nancy Richards</i> | | 13. Notary Commission expires
<i>Dec 3 78</i> |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|--|--|--|---|
| SUPPORTING
RECORD 1. | Type of Document
Church Record--Baptism | | By whom issued and signed
Franklin Ward, Franklin Stake
IDS Church | | Date issued
9-13-59 |
| | Date of Birth
June 6, 1895 | Birth Place
Oneida Co,
Franklin, Idaho | Full Name of Mother
Jane Ramsbottom | | Date Orig. Entry
June 6, 1903 |
| SUPPORTING
RECORD 2. | Type of Document
Insurance Application | | By whom issued and signed
Idaho Mutual Benefit Assoc. | | Date issued |
| | Date of Birth
June 6, 1895 | Birth Place
Franklin, Idaho | Full Name of Mother
----- | | Date Orig. Entry
June 25, 1934 |
| SUPPORTING
RECORD 3. | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #58746 | | Date issued |
| | Date of Birth
age 22 | Birth Place
Franklin, Idaho | Full Name of Mother
----- | | Date Orig. Entry
child born
April 8, 1918 |

| | | | |
|--|--|---|-------------------------------------|
| QUALIFYING
INFORMATION | Medical Claim Form, New York Life Ins. Co.; July 8, 1954: born June 6, 1895. | | |
| | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W H Benson</i> | Evidence reviewed by
Nancy Richards | Date Filed
Sept. 21, 1959 |

SEP 21 1954

DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

| | | | | | |
|--|--|---|--|---|--|
| 1. Name of Person
JAMES EARL RAY | | 2. Date of Birth
JAN 5 1928 | | 3. Place of Birth
MOBILE, ALABAMA | |
| 4. Present Address
2121 W. 10TH AVE.,
MINNEAPOLIS, MINN. | | 5. Previous Address
1000 W. 10TH AVE.,
MINNEAPOLIS, MINN. | | 6. Date of Entry
JAN 15 1954 | |
| 7. Name of Employer
None | | 8. Occupation
None | | 9. Date of Employment
None | |
| 10. Name of Agent
JAMES EARL RAY | | 11. Date of Interview
JAN 15 1954 | | 12. Place of Interview
MINNEAPOLIS, MINN. | |
| 13. Name of Agent
JAMES EARL RAY | | 14. Date of Interview
JAN 15 1954 | | 15. Place of Interview
MINNEAPOLIS, MINN. | |
| 16. Name of Agent
JAMES EARL RAY | | 17. Date of Interview
JAN 15 1954 | | 18. Place of Interview
MINNEAPOLIS, MINN. | |
| 19. Name of Agent
JAMES EARL RAY | | 20. Date of Interview
JAN 15 1954 | | 21. Place of Interview
MINNEAPOLIS, MINN. | |
| 22. Name of Agent
JAMES EARL RAY | | 23. Date of Interview
JAN 15 1954 | | 24. Place of Interview
MINNEAPOLIS, MINN. | |
| 25. Name of Agent
JAMES EARL RAY | | 26. Date of Interview
JAN 15 1954 | | 27. Place of Interview
MINNEAPOLIS, MINN. | |
| 28. Name of Agent
JAMES EARL RAY | | 29. Date of Interview
JAN 15 1954 | | 30. Place of Interview
MINNEAPOLIS, MINN. | |
| 31. Name of Agent
JAMES EARL RAY | | 32. Date of Interview
JAN 15 1954 | | 33. Place of Interview
MINNEAPOLIS, MINN. | |
| 34. Name of Agent
JAMES EARL RAY | | 35. Date of Interview
JAN 15 1954 | | 36. Place of Interview
MINNEAPOLIS, MINN. | |
| 37. Name of Agent
JAMES EARL RAY | | 38. Date of Interview
JAN 15 1954 | | 39. Place of Interview
MINNEAPOLIS, MINN. | |
| 40. Name of Agent
JAMES EARL RAY | | 41. Date of Interview
JAN 15 1954 | | 42. Place of Interview
MINNEAPOLIS, MINN. | |
| 43. Name of Agent
JAMES EARL RAY | | 44. Date of Interview
JAN 15 1954 | | 45. Place of Interview
MINNEAPOLIS, MINN. | |
| 46. Name of Agent
JAMES EARL RAY | | 47. Date of Interview
JAN 15 1954 | | 48. Place of Interview
MINNEAPOLIS, MINN. | |
| 49. Name of Agent
JAMES EARL RAY | | 50. Date of Interview
JAN 15 1954 | | 51. Place of Interview
MINNEAPOLIS, MINN. | |
| 52. Name of Agent
JAMES EARL RAY | | 53. Date of Interview
JAN 15 1954 | | 54. Place of Interview
MINNEAPOLIS, MINN. | |
| 55. Name of Agent
JAMES EARL RAY | | 56. Date of Interview
JAN 15 1954 | | 57. Place of Interview
MINNEAPOLIS, MINN. | |
| 58. Name of Agent
JAMES EARL RAY | | 59. Date of Interview
JAN 15 1954 | | 60. Place of Interview
MINNEAPOLIS, MINN. | |
| 61. Name of Agent
JAMES EARL RAY | | 62. Date of Interview
JAN 15 1954 | | 63. Place of Interview
MINNEAPOLIS, MINN. | |
| 64. Name of Agent
JAMES EARL RAY | | 65. Date of Interview
JAN 15 1954 | | 66. Place of Interview
MINNEAPOLIS, MINN. | |
| 67. Name of Agent
JAMES EARL RAY | | 68. Date of Interview
JAN 15 1954 | | 69. Place of Interview
MINNEAPOLIS, MINN. | |
| 70. Name of Agent
JAMES EARL RAY | | 71. Date of Interview
JAN 15 1954 | | 72. Place of Interview
MINNEAPOLIS, MINN. | |
| 73. Name of Agent
JAMES EARL RAY | | 74. Date of Interview
JAN 15 1954 | | 75. Place of Interview
MINNEAPOLIS, MINN. | |
| 76. Name of Agent
JAMES EARL RAY | | 77. Date of Interview
JAN 15 1954 | | 78. Place of Interview
MINNEAPOLIS, MINN. | |
| 79. Name of Agent
JAMES EARL RAY | | 80. Date of Interview
JAN 15 1954 | | 81. Place of Interview
MINNEAPOLIS, MINN. | |
| 82. Name of Agent
JAMES EARL RAY | | 83. Date of Interview
JAN 15 1954 | | 84. Place of Interview
MINNEAPOLIS, MINN. | |
| 85. Name of Agent
JAMES EARL RAY | | 86. Date of Interview
JAN 15 1954 | | 87. Place of Interview
MINNEAPOLIS, MINN. | |
| 88. Name of Agent
JAMES EARL RAY | | 89. Date of Interview
JAN 15 1954 | | 90. Place of Interview
MINNEAPOLIS, MINN. | |
| 91. Name of Agent
JAMES EARL RAY | | 92. Date of Interview
JAN 15 1954 | | 93. Place of Interview
MINNEAPOLIS, MINN. | |
| 94. Name of Agent
JAMES EARL RAY | | 95. Date of Interview
JAN 15 1954 | | 96. Place of Interview
MINNEAPOLIS, MINN. | |
| 97. Name of Agent
JAMES EARL RAY | | 98. Date of Interview
JAN 15 1954 | | 99. Place of Interview
MINNEAPOLIS, MINN. | |
| 100. Name of Agent
JAMES EARL RAY | | 101. Date of Interview
JAN 15 1954 | | 102. Place of Interview
MINNEAPOLIS, MINN. | |

239-112-001-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-944

| | | | | | | |
|--|---|-------------|----------------------------|--|-----------------------------------|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Fred Arthur Bliss | | | 2. Date (month) (day) (year)
Of Birth Feb. 12 1895 | | |
| | 3. Color or Race
WH. | 4. Sex
M | 5. Place of Birth
Idaho | a. County
Ada Co. | b. City or Town of Birth
Boise | |
| FATHER | 6. Full Name of Father
Fred Arthur Bliss | | | 7. State or Country of Father's Birth
Mich. | | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Francis Jones | | | 9. State or Country of Mother's Birth
Josephine County, Ore | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Fred A Bliss</i> | | 11. Present Address of Registrant
1236 Kane St.
<i>2019 Gardens St</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>November 9 1959</i> | | | 12. Signature of Notary
<i>E. M. Dickson</i>
<i>my com. expires 10/31/63</i> | | 13. Notary Commission expires
<i>2019 Gardens</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|--|---|--|-------------------------------------|---|
| SUPPORTING
RECORD 1. | Type of Document
Federal Census Record | | By whom issued and signed
U. S. Bureau of the Census | | Date Issued
10-23-59 | Date Orig. Entry
June 1, 1900 |
| | Date of Birth
Feb. 1895
(age 5) | Birth Place
Idaho | Full Name of Mother
Famey Bliss | | Name of Father
Fred R. Bliss | |
| SUPPORTING
RECORD 2. | Type of Document
Social Security Record | | By whom issued and signed
Treasury Dept. | | Date Issued | Date Orig. Entry
March 20, 1944 |
| | Date of Birth
Feb. 12, 1895 | Birth Place
Ada Co.
Boise, Idaho | Full Name of Mother
Mary Frances Jones | | Name of Father
Fred Arthur Bliss | |
| SUPPORTING
RECORD 3. | Type of Document
Honorable Discharge Record | | By whom issued and signed
U. S. Army | | Date Issued
1-25-19 | Date Orig. Entry
enlisted Aug. 3, 1917 |
| | Date of Birth
enlistment age-
22 years | Birth Place
Boise, Idaho | Full Name of Mother
--- | | Name of Father
--- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|--|-----------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Nancy Richards | Date Filed
Nov. 18, 1959 |

944-108-015-632

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-983

| | | | | | | |
|--|---|--------------------|----------------------------------|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Glen <i>Alan Ruud</i> | | | 2. Date (month) (day) (year)
Of Birth December 8 1895 | | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>M</i> | 5. Place of Birth
<i>Lago</i> | a. County
<i>Caribou</i> | b. City or Town of Birth
<i>Lago, Idaho</i> | |
| FATHER | 6. Full Name of Father
<i>Andrew A. Ruud</i> | | | 7. State or Country of Father's Birth
<i>Norway</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Olive Olsen</i> | | | 9. State or Country of Mother's Birth
<i>Norway</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Glen Ruud</i> | | 11. Present Address of Registrant
<i>Grace, Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>JUN 29 1959</i> 19 <i>62</i> | | | 12. Signature of Notary
<i>Alvin R. Whitaker</i> | | 13. Notary Commission expires
<i>6-17</i> 19 <i>62</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|----------------------------|--|--|--------------------------------------|---|
| SUPPORTING
RECORD 1- | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #173633 | | Date issued | Date Orig. Entry
child born
July 28, 1929 |
| | Date of Birth
age 33 | Birth Place
Lago, Idaho | Full Name of Mother
---- | | Name of Father
---- | |
| SUPPORTING
RECORD 2- | Type of Document
Honorable Discharge | | By whom issued and signed
U. S. Army | | Date issued
discharged
5-20-19 | Date Orig. Entry
enlisted
Oct. 2, 1917 |
| | Date of Birth
enlistment age
21 yrs., 9 mos. | Birth Place
Lago, Idaho | Full Name of Mother
---- | | Name of Father
---- | |
| SUPPORTING
RECORD 3- | Type of Document
Affidavit by neighbor at time of birth, age 82, Don H. Bassett | | By whom issued and signed
11-24-59 | | Date issued | Date Orig. Entry |
| | Date of Birth
Dec. 8,
1895 | Birth Place
Lago, Idaho | Full Name of Mother
Olive Olsen Ruud | | Name of Father
Andrew A. Ruud | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. H. Benson</i> | | Evidence reviewed by
mr Nancy Richards | | Date Filed
Dec. 1, 1959 | |

1 copy paid

DEC 1 1949

DEC 1 1964
 DEPT. OF STATE
 OFFICE OF THE SECRETARY
 OFFICE OF THE SECRETARY
 OFFICE OF THE SECRETARY

[illegible]

7032 14 507

279-121-022-464

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-996

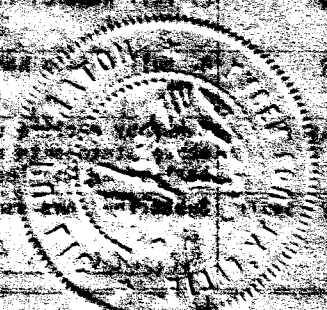
| | | | | | |
|---|---|--|--|--|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<i>FESTUS SPRAGUE</i> | | | 2. Date (month) (day) (year)
Of Birth <i>DEC. 21 1895</i> | |
| FATHER | 3. Color or Race
<i>WHITE</i> | | | b. City or Town of Birth
<i>MARYSVILLE - Idaho</i> | |
| MOTHER | 4. Sex
<i>M</i> | | | 7. State or Country of Father's Birth
<i>GRANTSVILLE - Utah</i> | |
| AFFIDAVIT | 5. Place of Birth a. County
<i>MARYSVILLE - FREMONT</i> | | | 9. State or Country of Mother's Birth
<i>OAKLEY Idaho</i> | |
| NOTARY (Seal) | 6. Full Name of Father
<i>FESTUS FRANKLIN SPRAGUE</i> | | | 11. Present Address of Registrant
<i>6795 Shyngard Rd, Boise, Idaho</i> | |
| | 8. Full Maiden Name of Mother
<i>ANNA MYRA MOULTRY</i> | | | 13. Notary Commission expires
<i>Jan 28, 1960</i> | |
| | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Festus Sprague</i> | |
| | Subscribed and sworn to before me on
<i>June 25 1959</i> | | | 12. Signature of Notary
<i>Frederick Osterman</i> | |
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
| SUPPORTING RECORD 1- | Type of Document
Affidavit by an old family friend, age 73 | | | By whom issued and signed
Amie Marker | |
| | Date of Birth
Dec. 21, 1895 | | | Full Name of Mother
Anna Myra Moultry | |
| SUPPORTING RECORD 2- | Type of Document
Family Bible Record | | | By whom issued and signed
Family Bible | |
| | Date of Birth
Dec. 21, 1895 | | | Full Name of Mother
Annie Moultry | |
| SUPPORTING RECORD 3- | Type of Document
Statement re- L. D.S. Church Records Logan Temple | | | By whom issued and signed
A. George Raymond, President Logan Temple of LDS Church | |
| | Date of Birth
Dec. 21, 1895 | | | Full Name of Mother
-- | |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | | | | | |
| | | | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | | | State Registrar
W. W. Benson | | Evidence reviewed by
ses
Joyce B. Foltz |
| | | | | | Date Filed
Dec. 8, 1959 |

100% Paid

DELAIDED CERTIFICATE OF BIRTH STATE OF IDAHO

DEC 9 1933

| | | | | | |
|-----------------------------|-----------------------------|------------------------|-------------------------|----------------------------|--------------------------|
| 1. Name of child | 2. Sex | 3. Date of birth | 4. Place of birth | 5. Name of father | 6. Name of mother |
| | | | | | |
| 7. State of birth of father | 8. State of birth of mother | 9. Signature of father | 10. Signature of mother | 11. Signature of registrar | 12. Date of registration |
| | | | | | |



| | | | | | |
|------------------------------|------------------------------|-------------------------|-------------------------|----------------------------|--------------------------|
| 13. Name of child | 14. Sex | 15. Date of birth | 16. Place of birth | 17. Name of father | 18. Name of mother |
| | | | | | |
| 19. State of birth of father | 20. State of birth of mother | 21. Signature of father | 22. Signature of mother | 23. Signature of registrar | 24. Date of registration |
| | | | | | |



| | | | | | |
|------------------------------|------------------------------|-------------------------|-------------------------|----------------------------|--------------------------|
| 25. Name of child | 26. Sex | 27. Date of birth | 28. Place of birth | 29. Name of father | 30. Name of mother |
| | | | | | |
| 31. State of birth of father | 32. State of birth of mother | 33. Signature of father | 34. Signature of mother | 35. Signature of registrar | 36. Date of registration |
| | | | | | |

363-129-036-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-1016

| | | | | | | | |
|--|---|-----------------------|---|--|--|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<i>Joseph Edwin Cole</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>July 29 1895</i> | | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>male</i> | 5. Place of Birth a. County
<i>Blaine now Franklin</i> | | b. City or Town of Birth
<i>Fairview</i> | | |
| FATHER | 6. Full Name of Father
<i>Joseph Truman Cole</i> | | | | 7. State or Country of Father's Birth
<i>Utah</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Mary Louie Pratt</i> | | | | 9. State or Country of Mother's Birth
<i>Utah</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Joseph Edwin Cole</i> | | 11. Present Address of Registrant
<i>RI Preston</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Dec 10 1959</i> | | | | 12. Signature of Notary
<i>[Signature]</i> | | 13. Notary Commission expires
<i>1/1/61 19</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|----------------------|---|---------------------------------------|---|---|---|
| SUPPORTING RECORD 1- | Type of Document
Affidavit by <i>Aunt</i> , age 78 | | By whom issued and signed
<i>Carolyn P. Griffeth</i> | Date issued
<i>11-10-59</i> | Date Orig. Entry |
| | Date of Birth
<i>July 29, 1895</i> | Birth Place
<i>Fairview, Idaho</i> | Full Name of Mother
<i>Louie Pratt Cole</i> | Name of Father
<i>Joseph Truman Cole</i> | |
| SUPPORTING RECORD 2- | Type of Document
Marriage Record | | By whom issued and signed
<i>Cache County, Utah</i> | Date issued
<i>11-27-59</i> | Date Orig. Entry
<i>Nov. 28, 1917</i> |
| | Date of Birth
<i>age 22</i> | Birth Place
<i>---</i> | Full Name of Mother
<i>---</i> | Name of Father
<i>---</i> | |
| SUPPORTING RECORD 3- | Type of Document
own child's birth certificate | | By whom issued and signed
<i>Idaho #64436</i> | Date issued | Date Orig. Entry
<i>child born Nov. 25, 1918</i> |
| | Date of Birth
<i>age 23</i> | Birth Place
<i>Fairview, Idaho</i> | Full Name of Mother
<i>---</i> | Name of Father
<i>---</i> | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
<i>Nancy Richards</i> | Date Filed
<i>Dec. 24, 1959</i> |

SEP 11 1960

OFFICE OF THE ATTORNEY GENERAL
STATE OF TEXAS

SECRET

[illegible]

DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De60-001
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | |
|--|---|--------------------|-----------------------------------|--|--|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
GEORGE STEELY PETERSEN | | | | 2. Date of Birth
(month) (day) (year)
August 16, 1895 | |
| | 3. Color or Race
white | 4. Sex
M | 5. Place of Birth
IDAHO | a. County
Bannock | b. City or Town of Birth
Pocatello | |
| FATHER | 6. Full Name of Father
William Christian Petersen | | | | 7. State or Country of Father's Birth
Nebraska | |
| MOTHER | 8. Full Maiden Name of Mother
Caroline Helen Catherine Christensen | | | | 9. State or Country of Mother's Birth
Illinois | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>George Steely Petersen</i> | | 11. Present Address of Registrant
Ashby, Nebraska |
| NOTARY (Seal) | Subscribed and sworn to before me on
November 23rd 19 59 | | | 12. Signature of Notary
<i>Caroline H. C. Petersen</i> | | 13. Notary Commission expires
Febr. 10 19 65 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------------------|--|---|---|---|---|
| SUPPORTING RECORD 1. | Type of Document
Photostatic copy of Pagech from Family Bible, Notarized | | By whom issued and signed
Family Bible, Carl C. Simpson, Notary Public | Date issued
June 18, 1953 | Date Orig. Entry
obviously old 18, 1895 |
| | Class* _____ | Date of Birth
August 16, 1895 | Birth Place
-- | Full Name of Mother
-- | Name of Father
-- |
| SUPPORTING RECORD 2. | Type of Document
Affidavit by Aunt (Godmother) | | By whom issued and signed
Anna Petersen Simpson | Date issued
June 19, 1953 | Date Orig. Entry
-- |
| | Class _____ | Date of Birth
August 16, 1895 | Birth Place
Pocatello, Idaho | Full Name of Mother
Caroline H. C. Petersen | Name of Father
William Christian Petersen |
| SUPPORTING RECORD 3. | Type of Document
Insurance Application | | By whom issued and signed
Northwestern Mutual Life Ins. Co. of Milwaukee, Wisconsin | Date issued
Feb. 3, 1921 | Date Orig. Entry
Feb. 3, 1921 |
| | Class _____ | Date of Birth
Aug. 16, 1895 | Birth Place
Pocatello, Idaho | Full Name of Mother
Caroline H. K. Petersen | Name of Father
---- |
| QUALIFYING INFORMATION | own child's birth certificate, Nebraska #A21742; 12-22-59: age 35 as of Nov. 29, 1930; | | | | |
| | born <u>Pocatella</u> , Idaho. | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
bf Nancy Richards | Date Filed
Jan. 4, 1960 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

DETAILED CERTIFICATE OF BIRTH
STATE OF ILLINOIS

JAN 4 1901

State of Illinois
County of Cook
City of Chicago
Birth of [Name]
Date of Birth [Date]
Place of Birth [Place]

Registration of Birth
Date of Registration [Date]
Place of Registration [Place]

1. Name of child
2. Name of mother
3. Name of father
4. Date of birth
5. Place of birth
6. Sex
7. Color
8. Religion
9. Occupation of father
10. Occupation of mother
11. Name of physician
12. Name of nurse
13. Name of midwife
14. Name of doctor
15. Name of hospital
16. Name of clinic
17. Name of dispensary
18. Name of other place
19. Name of other place
20. Name of other place



21. Name of other place
22. Name of other place
23. Name of other place
24. Name of other place
25. Name of other place
26. Name of other place
27. Name of other place
28. Name of other place
29. Name of other place
30. Name of other place
31. Name of other place
32. Name of other place
33. Name of other place
34. Name of other place
35. Name of other place
36. Name of other place
37. Name of other place
38. Name of other place
39. Name of other place
40. Name of other place

41. Name of other place
42. Name of other place
43. Name of other place
44. Name of other place
45. Name of other place
46. Name of other place
47. Name of other place
48. Name of other place
49. Name of other place
50. Name of other place
51. Name of other place
52. Name of other place
53. Name of other place
54. Name of other place
55. Name of other place
56. Name of other place
57. Name of other place
58. Name of other place
59. Name of other place
60. Name of other place

445-221-004-113

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-114

| | | | | | | |
|--|---|------------------|--|---|--|--|
| REGISTRANT
(Person whose
birth is being
registered) | 1. Registrant's Full Name at Birth
Verona May Dunford | | | 2. Date (month) (day) (year)
Of Birth April 21, 1895 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Bear Lake Co. | b. City or Town of Birth
Bloomington, Idaho | | |
| FATHER | 6. Full Name of Father
James Lehi Dunford | | | 7. State or Country of Father's Birth
Bloomington, Idaho | | |
| MOTHER | 8. Full Maiden Name of Mother
Eliza Christinia Jacobson | | | 9. State or Country of Mother's Birth
Ovid, Idaho | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
Verona S. Stevens | | 11. Present Address of Registrant
Box 213
Paris, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
February 4, 1960 | | | 12. Signature of Notary
Fred Price | | 13. Notary Commission expires
Oct. 1, 1962 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|--|--|--|--------------------------------------|-----------------------------------|
| SUPPORTING
RECORD 1- | Type of Document
Church Record-Baptism | | By whom issued and signed
Paris 2nd Ward, Bear Lake Stake
LDS Church | | Date Issued
1-23-60 | Date Orig. Entry
Oct. 31, 1903 |
| | Date of Birth
April 21,
1895 | Birth Place
Bear Lake Co.
Bloomington, Idaho | Full Name of Mother
Eliza C. Jacobson | | Name of Father
James L. Dunford | |
| SUPPORTING
RECORD 2- | Type of Document
Insurance Application | | By whom issued and signed
Beneficial Life Ins. Co. | | Date Issued | Date Orig. Entry
July 1, 1933 |
| | Date of Birth
April 21,
1895 | Birth Place
Bloomington, Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING
RECORD 3- | Type of Document
(born 2-5-1875)
Affidavit by aunt | | By whom issued and signed
Gertrude Krogue Christensen | | Date Issued
9-12-59 | Date Orig. Entry |
| | Date of Birth
April 21,
1895 | Birth Place
Bear Lake Co.
Bloomington, Idaho | Full Name of Mother
Eliza Christinia Jacobson | | Name of Father
James Lehi Dunford | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|--|-----------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
W. W. Benson | Evidence reviewed by
Nancy Richards
nr | Date Filed
Feb. 10, 1960 |

FEB 10 1967

10-10-68

100-443887-100

764-110-003-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-206

| | | | | | | | |
|--|---|----------------|---|----------------------|--|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Clarence William Godfrey | | | | 2. Date (month) (day) (year)
Birth June 10 1895 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Red Rock | a. County
Bannock | b. City or Town of Birth
Red Rock | | |
| FATHER | 6. Full Name of Father
William R. Godfrey | | | | 7. State or Country of Father's Birth
Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Sarah Amelia Avery | | | | 9. State or Country of Mother's Birth
Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Clarence William Godfrey</i> | | 11. Present Address of Registrant
Lava Hot Springs, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
January 19 60 | | 12. Signature of Notary
<i>W. J. Davis</i> | | 13. Notary Commission expires
Jan 10 1960 | | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------------------|--|--------------------------------|---|--|--|---|
| SUPPORTING RECORD 1- | Type of Document
Church Record--Baptism | | By whom issued and signed
LDS Church
Salt Lake City, Utah | | Date issued
1-18-60 | Date Orig. Entry
June 29, 1912 |
| | Date of Birth
June 10, 1895 | Birth Place
Red Rock, Idaho | Full Name of Mother
Amelia Avery | | Name of Father
William R. Godfrey | |
| SUPPORTING RECORD 2- | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #329131 | | Date issued
certificate filed in 1/42 | Date Orig. Entry
child born Oct. 9, 1919 |
| | Date of Birth
age 24 | Birth Place
Red Rock, Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING RECORD 3- | Type of Document
Operator's License | | By whom issued and signed
Idaho #155963 | | Date issued
11-7-47 | Date Orig. Entry
Nov. 7, 1947 |
| | Date of Birth
June 10, 1895 | Birth Place
--- | Full Name of Mother
--- | | Name of Father
--- | |
| QUALIFYING INFORMATION | Idaho Fish and Game License #22342; issued May 20, 1946; age 50. | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. J. Benson</i> | | Evidence reviewed by
nr Nancy Richards | | Date Filed
March 9, 1960 | |

MAR 9 1960

DELAWARE CERTIFICATE OF BIRTH STATE OF DELAWARE

SEP 22 1959

| | | | | | |
|--|--|--|--|--|--|
| 1. Name of child at birth
JAMES EARL RAY | | 2. Date of birth
SEP 22 1959 | | 3. Place of birth
Jackson, Mississippi | |
| 4. Name of mother
CORA ANN RAY | | 5. Name of father
JAMES EARL RAY | | 6. Date of marriage
MAR 9 1960 | |
| 7. Name of mother at birth
CORA ANN RAY | | 8. Name of father at birth
JAMES EARL RAY | | 9. Date of marriage at birth
MAR 9 1960 | |
| 10. Name of mother at birth
CORA ANN RAY | | 11. Name of father at birth
JAMES EARL RAY | | 12. Date of marriage at birth
MAR 9 1960 | |
| 13. Name of mother at birth
CORA ANN RAY | | 14. Name of father at birth
JAMES EARL RAY | | 15. Date of marriage at birth
MAR 9 1960 | |
| 16. Name of mother at birth
CORA ANN RAY | | 17. Name of father at birth
JAMES EARL RAY | | 18. Date of marriage at birth
MAR 9 1960 | |
| 19. Name of mother at birth
CORA ANN RAY | | 20. Name of father at birth
JAMES EARL RAY | | 21. Date of marriage at birth
MAR 9 1960 | |
| 22. Name of mother at birth
CORA ANN RAY | | 23. Name of father at birth
JAMES EARL RAY | | 24. Date of marriage at birth
MAR 9 1960 | |
| 25. Name of mother at birth
CORA ANN RAY | | 26. Name of father at birth
JAMES EARL RAY | | 27. Date of marriage at birth
MAR 9 1960 | |
| 28. Name of mother at birth
CORA ANN RAY | | 29. Name of father at birth
JAMES EARL RAY | | 30. Date of marriage at birth
MAR 9 1960 | |
| 31. Name of mother at birth
CORA ANN RAY | | 32. Name of father at birth
JAMES EARL RAY | | 33. Date of marriage at birth
MAR 9 1960 | |
| 34. Name of mother at birth
CORA ANN RAY | | 35. Name of father at birth
JAMES EARL RAY | | 36. Date of marriage at birth
MAR 9 1960 | |
| 37. Name of mother at birth
CORA ANN RAY | | 38. Name of father at birth
JAMES EARL RAY | | 39. Date of marriage at birth
MAR 9 1960 | |
| 40. Name of mother at birth
CORA ANN RAY | | 41. Name of father at birth
JAMES EARL RAY | | 42. Date of marriage at birth
MAR 9 1960 | |
| 43. Name of mother at birth
CORA ANN RAY | | 44. Name of father at birth
JAMES EARL RAY | | 45. Date of marriage at birth
MAR 9 1960 | |
| 46. Name of mother at birth
CORA ANN RAY | | 47. Name of father at birth
JAMES EARL RAY | | 48. Date of marriage at birth
MAR 9 1960 | |
| 49. Name of mother at birth
CORA ANN RAY | | 50. Name of father at birth
JAMES EARL RAY | | 51. Date of marriage at birth
MAR 9 1960 | |
| 52. Name of mother at birth
CORA ANN RAY | | 53. Name of father at birth
JAMES EARL RAY | | 54. Date of marriage at birth
MAR 9 1960 | |
| 55. Name of mother at birth
CORA ANN RAY | | 56. Name of father at birth
JAMES EARL RAY | | 57. Date of marriage at birth
MAR 9 1960 | |
| 58. Name of mother at birth
CORA ANN RAY | | 59. Name of father at birth
JAMES EARL RAY | | 60. Date of marriage at birth
MAR 9 1960 | |
| 61. Name of mother at birth
CORA ANN RAY | | 62. Name of father at birth
JAMES EARL RAY | | 63. Date of marriage at birth
MAR 9 1960 | |
| 64. Name of mother at birth
CORA ANN RAY | | 65. Name of father at birth
JAMES EARL RAY | | 66. Date of marriage at birth
MAR 9 1960 | |
| 67. Name of mother at birth
CORA ANN RAY | | 68. Name of father at birth
JAMES EARL RAY | | 69. Date of marriage at birth
MAR 9 1960 | |
| 70. Name of mother at birth
CORA ANN RAY | | 71. Name of father at birth
JAMES EARL RAY | | 72. Date of marriage at birth
MAR 9 1960 | |
| 73. Name of mother at birth
CORA ANN RAY | | 74. Name of father at birth
JAMES EARL RAY | | 75. Date of marriage at birth
MAR 9 1960 | |
| 76. Name of mother at birth
CORA ANN RAY | | 77. Name of father at birth
JAMES EARL RAY | | 78. Date of marriage at birth
MAR 9 1960 | |
| 79. Name of mother at birth
CORA ANN RAY | | 80. Name of father at birth
JAMES EARL RAY | | 81. Date of marriage at birth
MAR 9 1960 | |
| 82. Name of mother at birth
CORA ANN RAY | | 83. Name of father at birth
JAMES EARL RAY | | 84. Date of marriage at birth
MAR 9 1960 | |
| 85. Name of mother at birth
CORA ANN RAY | | 86. Name of father at birth
JAMES EARL RAY | | 87. Date of marriage at birth
MAR 9 1960 | |
| 88. Name of mother at birth
CORA ANN RAY | | 89. Name of father at birth
JAMES EARL RAY | | 90. Date of marriage at birth
MAR 9 1960 | |
| 91. Name of mother at birth
CORA ANN RAY | | 92. Name of father at birth
JAMES EARL RAY | | 93. Date of marriage at birth
MAR 9 1960 | |
| 94. Name of mother at birth
CORA ANN RAY | | 95. Name of father at birth
JAMES EARL RAY | | 96. Date of marriage at birth
MAR 9 1960 | |
| 97. Name of mother at birth
CORA ANN RAY | | 98. Name of father at birth
JAMES EARL RAY | | 99. Date of marriage at birth
MAR 9 1960 | |
| 100. Name of mother at birth
CORA ANN RAY | | 101. Name of father at birth
JAMES EARL RAY | | 102. Date of marriage at birth
MAR 9 1960 | |

319-231-016-436

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-261

| | | | | | |
|--|---|-------------------------|--|---|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Mary Catheran Carson | | | 2. Date (month) (day) (year)
Of Birth August 31, 1895 | |
| | 3. Color or Race
white | 4. Sex
Female | 5. Place of Birth
Marion-Oakley, Cassia County | b. City or Town of Birth
Marion-Oakley- Idaho | |
| FATHER | 6. Full Name of Father
William V. Carson | | | 7. State or Country of Father's Birth
Utah | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Malissia McFarland | | | 9. State or Country of Mother's Birth
Utah | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Mary Catheran C. Carson</i> | 11. Present Address of Registrant
421 Michigan Street, Gooding, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
March 11th 19 60 | | | 12. Signature of Notary
<i>Mack W. Crouch</i> | 13. Notary Commission expires
May 25th 19 61 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|----------------------|--|---|---|--|---------------------------------------|
| SUPPORTING RECORD 1- | Type of Document
Affidavit by mother | | By whom issued and signed
Mary Malissia McFarland Carson | Date issued
3-12-60 | Date Orig. Entry |
| | Date of Birth
Aug. 31, 1895 | Birth Place
Marion-Oakley Cassia Co., Idaho | Full Name of Mother
Mary Malissia McFarland | Name of Father
William V. Carson | |
| SUPPORTING RECORD 2- | Type of Document
Bible record--photostat | | By whom issued and signed
original viewed by Notary Public Mack W. Crouch; Burley, Ida. | Date issued
3-12-60 | Date Orig. Entry
old record |
| | Date of Birth
Aug. 31, 1895 | Birth Place
Marion Cassia Co., Idaho | Full Name of Mother
--- | Name of Father
--- | |
| SUPPORTING RECORD 3- | Type of Document
Insurance Application | | By whom issued and signed
Ida. Mutual Benefit Assoc. | Date issued | Date Orig. Entry
1945 |
| | Date of Birth
Aug. 31, 1895 | Birth Place
Oakley, Idaho | Full Name of Mother
--- | Name of Father
--- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---|-------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. H. Benson</i> | Evidence reviewed by
Nancy Richards | Date Filed
March 25, 1960 |

STATE OF TEXAS
COUNTY OF DALLAS

| | | | |
|---|---|--|---|
| <p>1. Name of person or firm or corporation
 W. J. McGowan</p> <p>2. Address of person or firm or corporation
 111 Michigan Street, Council Bluffs, Iowa</p> <p>3. Nature of business or occupation
 Real Estate</p> <p>4. Date of filing of report
 1935</p> | <p>5. Name of person or firm or corporation
 W. J. McGowan</p> <p>6. Address of person or firm or corporation
 111 Michigan Street, Council Bluffs, Iowa</p> <p>7. Nature of business or occupation
 Real Estate</p> <p>8. Date of filing of report
 1935</p> | <p>9. Name of person or firm or corporation
 W. J. McGowan</p> <p>10. Address of person or firm or corporation
 111 Michigan Street, Council Bluffs, Iowa</p> <p>11. Nature of business or occupation
 Real Estate</p> <p>12. Date of filing of report
 1935</p> | <p>13. Name of person or firm or corporation
 W. J. McGowan</p> <p>14. Address of person or firm or corporation
 111 Michigan Street, Council Bluffs, Iowa</p> <p>15. Nature of business or occupation
 Real Estate</p> <p>16. Date of filing of report
 1935</p> |
|---|---|--|---|

453-106-001-369

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-265

| | | | | | | | |
|--|---|-----------------------|-----------------------------------|---------------------------|---|--|--|
| REGISTRANT
(Person whose
birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Edgar Luis DeCloedt</i> | | | | 2. Date (month) (day) (year)
of Birth <i>Dec. 6th 1895</i> | | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>male</i> | 5. Place of Birth
<i>Idaho</i> | a. County
<i>(Ada)</i> | b. City or Town of Birth
<i>Boise</i> | | |
| FATHER | 6. Full Name of Father
<i>Seraphin DeCloedt</i> | | | | 7. State or Country of Father's Birth
<i>Belgium</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Maria Coryn</i> | | | | 9. State or Country of Mother's Birth
<i>Belgium</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Edgar Luis DeCloedt</i> | | 11. Present Address of Registrant
<i>5093 Somerset, Det.</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>February 9th 1960</i> | | | | 12. Signature of Notary
<i>Eugene L. Morrison</i> | | 13. Notary Commission expires
EUGENE L. MORRISON,
Notary Public, Oakland County, Mich.
My Commission Expires <i>Mar. 28, 1961</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

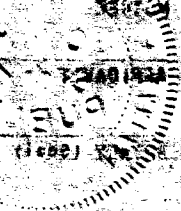
| | | | | | |
|--|--|---|---|--|--|
| SUPPORTING
RECORD 1. | Type of Document
<i>Baptismal Certificate</i> | | By whom issued and signed
<i>Church of St. John the Evangelist; Boise, Idaho</i> | Date Issued
<i>6-6-40</i> | Date Orig. Entry
<i>Dec. 15, 1895</i> |
| | Date of Birth
<i>Dec. 6, 1895</i> | Birth Place
<i>---</i> | Full Name of Mother
<i>Maria Coryn</i> | Name of Father
<i>Seraphin DeCloedt</i> | |
| SUPPORTING
RECORD 2. | Type of Document
<i>Social Security Record</i> | | By whom issued and signed
<i>Treasury Dept.</i> | Date issued | Date Orig. Entry
<i>Dec. 11, 1936</i> |
| | Date of Birth
<i>Dec. 6, 1895</i> | Birth Place
<i>Boise City, Idaho</i> | Full Name of Mother
<i>Mary Coryn</i> | Name of Father
<i>Seraphin DeCloedt</i> | |
| SUPPORTING
RECORD 3. | Type of Document
<i>Affidavit by person present at birth</i> | | By whom issued and signed
<i>Emma DeMeyer, age 80</i> | Date issued
<i>2-18-60</i> | Date Orig. Entry |
| | Date of Birth
<i>Dec. 6, 1895</i> | Birth Place
<i>Boise, Idaho</i> | Full Name of Mother
<i>Maria Coryn</i> | Name of Father
<i>Seraphin DeCloedt</i> | |
| QUALIFYING
INFORMATION | Passport, U. S. Dept. of State; issued Feb. 19, 1929; born on Dec. 6, 1895 at Boise City, Idaho. | | | | |
| | Employment Record, Chrysler Corp., Detroit, Michigan; 2-11-60; record of May 17, 1933: born on Dec. 6, 1895. | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
<i>Nancy Richards</i> | Date Filed
<i>March 28, 1960</i> | |

DELETED COPY OF BIRTH

MAR 28 1960

STATE OF INDIANA

| | | | | | |
|--|--|---------------------------------|--|-------------------------------------|--|
| Name of child at birth
JAMES EARL RAY | | Date of birth
5-1-38 | | Place of birth
Memphis, Tenn. | |
| Sex
Male | | Race
White | | Religion
Methodist | |
| Mother's name
MAE A. RAY | | Father's name
JAMES EARL RAY | | Married name
JAMES EARL RAY | |
| Maiden name
MAE A. RAY | | Date of marriage
5-1-38 | | Place of marriage
Memphis, Tenn. | |
| Name of child at birth
JAMES EARL RAY | | Date of birth
5-1-38 | | Place of birth
Memphis, Tenn. | |
| Sex
Male | | Race
White | | Religion
Methodist | |
| Mother's name
MAE A. RAY | | Father's name
JAMES EARL RAY | | Married name
JAMES EARL RAY | |
| Maiden name
MAE A. RAY | | Date of marriage
5-1-38 | | Place of marriage
Memphis, Tenn. | |
| Name of child at birth
JAMES EARL RAY | | Date of birth
5-1-38 | | Place of birth
Memphis, Tenn. | |
| Sex
Male | | Race
White | | Religion
Methodist | |
| Mother's name
MAE A. RAY | | Father's name
JAMES EARL RAY | | Married name
JAMES EARL RAY | |
| Maiden name
MAE A. RAY | | Date of marriage
5-1-38 | | Place of marriage
Memphis, Tenn. | |



RECEIVED
MAY 1 1960

DATE FILED
MAY 1 1960

5-1-38

141-117-010-593

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-337

| | | | | | | | |
|--|---|-----------------------|---|--|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
ALMA THEORA ADAMS | | | | 2. Date (month) (day) (year)
Of Birth May 17 1895 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Idaho Falls | | b. City or Town of Birth
Idaho Falls | | |
| FATHER | 6. Full Name of Father
William Jackson Adams | | | | 7. State or Country of Father's Birth
Patoka, Illinois | | |
| MOTHER | 8. Full Maiden Name of Mother
Mahalia Nichols | | | | 9. State or Country of Mother's Birth
Patoka, Illinois | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Alma T. Adams</i> | | 11. Present Address of Registrant
842 Sargison |
| NOTARY (Seal) | Subscribed and sworn to before me on
March 25 19 60 | | | | 12. Signature of Notary
<i>Esther H. Hiltz</i> | | 13. Notary Commission Expires
Shelton, Washington
December 27 19 61 |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | | |
|--|--|--|---|--|--|--------------------------------------|---|
| SUPPORTING
RECORD 1. | Type of Document
Certified copy of Certificate of Marriage - #139283 | | By whom issued and signed
Lincoln County Auditor Davenport, Washington | | | Date issued
March 24, 1960 | Date Orig. Entry
April 2, 1921 |
| | Date of Birth
Age 25 | Birth Place
Idaho | Full Name of Mother
M. Nichols | | | Name of Father
W. J. Adams | |
| | | | | | | | |
| SUPPORTING
RECORD 2. | Type of Document
Certified copy of Lodge Record - Chehalis, Washington | | By whom issued and signed
Richard H. Miller, Sec. Chehalis Lodge No. 28 F. & AM | | | Date issued
March 26, 1960 | Date Orig. Entry
Nov. 24, 1931 |
| | Date of Birth
May 17, 1895 | Birth Place
Idaho Falls, Idaho | Full Name of Mother
--- | | | Name of Father
--- | |
| | | | | | | | |
| SUPPORTING
RECORD 3. | Type of Document
Statement regarding Lodge Record - | | By whom issued and signed
Wm. R. Triplett, Sec. Chehalis Aerie No. 1550 - Fraternal Order | | | Date issued
March 27, 1960 | Date Orig. Entry
Sept. 24, 1952 |
| | Date of Birth
May 17, 1895 | Birth Place
--- | Full Name of Mother of Eagles
--- | | | Name of Father
--- | |
| | | | | | | | |

| | | | |
|--|--|---|-------------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
Joyce B. Foltz | Date Filed
April 18, 1960 |

268-175-024-714

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-371

| | | | | | | |
|--|--|--|---|---|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<u>Emerson George Boyer</u> | | | 2. Date (month) (day) (year)
Of Birth <u>March</u> <u>15</u> , <u>1895</u> | | |
| | 3. Color or Race
<u>white</u> | 4. Sex
<u>male</u> | 5. Place of Birth
<u>Gooding</u> | b. City or Town of Birth
<u>Hagerman</u> | | |
| FATHER | 6. Full Name of Father
<u>Emerson Lee Boyer</u> | | | 7. State or Country of Father's Birth
<u>Illinois</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Sarah Alice Padgett</u> | | | 9. State or Country of Mother's Birth
<u>Clay Co., Indiana</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<u>Emerson J Boyer</u> | | 11. Present Address of Registrant
<u>Hagerman Idaho</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>April 27</u> <u>1960</u> | | | 12. Signature of Notary
<u>Wayne L. Hurlbert</u> | | 13. Notary Commission expires
<u>Sept. 28</u> <u>1960</u> |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING RECORD 1- | Type of Document
<u>Family record</u> | | By whom issued and signed
<u>--</u> | | Date issued
<u>--</u> | Date Orig. Entry
<u>obviously old</u> |
| | Date of Birth
<u>March 15, 1895</u> | Birth Place
<u>Hagerman, Gooding Co., Idaho</u> | Full Name of Mother
<u>Sarah Alice Padgett</u> | | Name of Father
<u>Emerson Lee Boyer</u> | |
| SUPPORTING RECORD 2- | Type of Document
<u>Family Bible record</u> | | By whom issued and signed
<u>--</u> | | Date issued
<u>--</u> | Date Orig. Entry
<u>obviously old</u> |
| | Date of Birth
<u>March 15, 1895</u> | Birth Place
<u>--</u> | Full Name of Mother
<u>--</u> | | Name of Father
<u>--</u> | |
| SUPPORTING RECORD 3- | Type of Document
<u>Own child's birth certificate</u> | | By whom issued and signed
<u>On file Vital Statistics #46853</u> | | Date issued
<u>--</u> | Date Orig. Entry
<u>child born Aug. 3, 1916</u> |
| | Date of Birth
<u>age 21</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>--</u> | | Name of Father
<u>--</u> | |
| QUALIFYING INFORMATION | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<u>W. W. Benson</u> | | Evidence reviewed by
<u>Lois Ayers</u> | | | Date Filed
<u>April 27, 1960</u> |

285-109-025-575 DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. **De60-373**

| | | | | | | | |
|---|---|-----------------------|---|--|---|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
ALLEN E. SHELTON SHELTON | | | | 2. Date (month) (day) (year)
Of Birth MAY 9 1895 | | |
| | 3. Color or Race
Anglo Saxon | 4. Sex
MALE | 5. Place of Birth a. County
GRANGEVILLE IDAHO USA | | b. City or Town of Birth | | |
| FATHER | 6. Full Name of Father
OLIVER CROMWELL SHELTON | | | | 7. State or Country of Father's Birth
Union ILLINOIS U.S.A. | | |
| MOTHER | 8. Full Maiden Name of Mother
JOSEPHINE E. EGELSTON | | | | 9. State or Country of Mother's Birth
ILLINOIS U.S.A. | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Allen E. Sheldon</i> | | 11. Present Address of Registrant
SUNDRE ALBERTA |
| NOTARY (Seal) | Subscribed and sworn to before me on
13TH FEBRUARY 1960 | | 12. Signature of Notary
<i>Alfred J. Thomas</i> | | 13. Notary Commission expires
DECEMBER 31ST 1960 | | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-----------------------------|--|--|--|--|--|--|
| SUPPORTING RECORD 1. | Type of Document
Federal Census Record | | By whom issued and signed
U. S. Bureau of the Census | | Date issued
12-30-59 | Date Orig. Entry
June 1, 1900 |
| | Date of Birth
May 1895 (age 5) | Birth Place
Idaho | Full Name of Mother
Josephine E. Sheldon | | Name of Father
Oliver C. Sheldon | |
| SUPPORTING RECORD 2. | Type of Document
Affidavit by mother, age 87 | | By whom issued and signed
Josephine Sheldon | | Date issued
April 9, 1960 | Date Orig. Entry
--- |
| | Date of Birth
May 9, 1895 | Birth Place
Grangeville, Idaho | Full Name of Mother
Josephine E. Sheldon | | Name of Father
Oliver C. Sheldon | |
| SUPPORTING RECORD 3. | Type of Document
School Record | | By whom issued and signed
Jackson Co. School Supt. Medford, Oregon | | Date issued
3-7-60 | Date Orig. Entry
(1st Monday) June, 1904 |
| | Date of Birth
age 9 | Birth Place
--- | Full Name of Mother
--- | | Name of Father
O. Sheldon | |

| | | | |
|--|--|--|----------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
nr Joyce B. Foltz | Date Filed
May 2, 1960 |

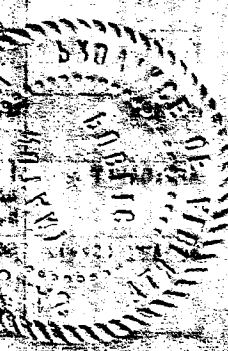
State of New York

DEPT. OF HEALTH

MAY 2 1960

Office of the Registrar

| | | | | | |
|---------------|--|----------------|--|------------------------|--|
| Name of child | | Date of birth | | Time of birth | |
| John Doe | | May 1, 1960 | | 12:15 | |
| Sex | | Place of birth | | Hospital | |
| Male | | New York City | | St. Mary's Hospital | |
| Weight | | Length | | Head circumference | |
| 7.5 lbs. | | 20 inches | | 13.5 inches | |
| Apgar 1 | | Apgar 5 | | Remarks | |
| 9 | | 9 | | Normal delivery | |
| Mother's name | | Father's name | | Signature of Registrar | |
| Jane Doe | | John Doe | | [Signature] | |



| | | | | | |
|---------------|--|----------------|--|------------------------|--|
| Name of child | | Date of birth | | Time of birth | |
| John Doe | | May 1, 1960 | | 12:15 | |
| Sex | | Place of birth | | Hospital | |
| Male | | New York City | | St. Mary's Hospital | |
| Weight | | Length | | Head circumference | |
| 7.5 lbs. | | 20 inches | | 13.5 inches | |
| Apgar 1 | | Apgar 5 | | Remarks | |
| 9 | | 9 | | Normal delivery | |
| Mother's name | | Father's name | | Signature of Registrar | |
| Jane Doe | | John Doe | | [Signature] | |



693-113-022-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-392

| | | | | | | | |
|--|--|------------------------------------|---|--|--|---|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Lorin Elmo Wilcox</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>May</u> <u>13</u> <u>1895</u> | | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Male</u> | 5. Place of Birth a. County
<u>Idaho, Fremont County</u> | | b. City or Town of Birth
<u>Lyman</u> | | |
| FATHER | 6. Full Name of Father
<u>Samuel Allen Wilcox Jr.</u> | | | | 7. State or Country of Father's Birth
<u>Hamburg, Fremont Co., Iowa</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Julia Ann Laughlin</u> | | | | 9. State or Country of Mother's Birth
<u>Salt Lake City, Utah</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Lorin E. Wilcox</u> | | 11. Present Address of Registrant
<u>Rte. 1-Box 631</u>
<u>St. Helena, Calif.</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>March 21 - 19 60</u> | | | | 12. Signature of Notary
<u>Minnie W. Turner</u> | | 13. Notary Commission expires
<u>April 25, 19 60</u> |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | | |
| SUPPORTING
RECORD 1- | Type of Document
<u>Affidavit by sister, age 79</u> | | By whom issued and signed
<u>Minnie W. Turner</u> | | Date issued
<u>3-18-60</u> | Date Orig. Entry | |
| | Date of Birth
<u>May 13, 1895</u> | Birth Place
<u>Lyman, Idaho</u> | Full Name of Mother
<u>Julia Ann Laughlin</u> | | Name of Father
<u>Samuel Allen Wilcox, Jr.</u> | | |
| SUPPORTING
RECORD 2- | Type of Document
<u>Marriage Record</u> | | By whom issued and signed
<u>Napa County, Calif.</u> | | Date issued | Date Orig. Entry
<u>Dec. 30, 1935</u> | |
| | Date of Birth
<u>age 40</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>-----</u> | | Name of Father
<u>-----</u> | | |
| SUPPORTING
RECORD 3- | Type of Document
<u>own child's birth certificate</u> | | By whom issued and signed
<u>California #50</u> | | Date issued
<u>April 19, 1960</u> | Date Orig. Entry
<u>child born May 9, 1937</u> | |
| | Date of Birth
<u>age 41</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>-----</u> | | Name of Father
<u>-----</u> | | |
| QUALIFYING
INFORMATION | | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | | |
| | State Registrar
<u>W. W. Benson</u> | | | Evidence reviewed by
<u>nr Joyce B. Foltz</u> | | Date Filed
<u>May 11, 1960</u> | |

STATE OF IDAHO DELAYED CERTIFICATE OF BIRTH

MAY 11 1960

| | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------|--|-------------------|--|--------------------|--|-----------------------------|--|-----------------------------|--|------------------------------|--|--------------------------|--|---------------------------|--|-------------------------------|--|-------------------------------|--|---------------------------------|--|----------------------------------|--|
| 1. Name of child at birth | | 2. Date of birth | | 3. Place of birth | | 4. Name of mother at birth | | 5. Name of father at birth | | 6. Name of child at present | | 7. Date of present name | | 8. Place of present name | | 9. Name of mother at present | | 10. Name of father at present | | 11. Date of present certificate | | 12. Place of present certificate | |
| JAMES EARL RAY | | 5-1-36 | | MEMPHIS, TENN. | | JAMES EARL RAY | | JAMES EARL RAY | | JAMES EARL RAY | | 5-1-60 | | MEMPHIS, TENN. | | JAMES EARL RAY | | JAMES EARL RAY | | 5-1-60 | | MEMPHIS, TENN. | |
| 13. Name of child at birth | | 14. Date of birth | | 15. Place of birth | | 16. Name of mother at birth | | 17. Name of father at birth | | 18. Name of child at present | | 19. Date of present name | | 20. Place of present name | | 21. Name of mother at present | | 22. Name of father at present | | 23. Date of present certificate | | 24. Place of present certificate | |
| JAMES EARL RAY | | 5-1-36 | | MEMPHIS, TENN. | | JAMES EARL RAY | | JAMES EARL RAY | | JAMES EARL RAY | | 5-1-60 | | MEMPHIS, TENN. | | JAMES EARL RAY | | JAMES EARL RAY | | 5-1-60 | | MEMPHIS, TENN. | |

This birth certificate has been found in the Division of Vital Statistics for the State of Idaho and has been reviewed, and a duplicate has been made for the State of Idaho.

Witness my hand and seal this 11th day of May, 1960.

JOHN F. JONES, Jr.
 State Registrar

MAY 11 1960

253-113-036-763

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-401

| | | | | | | | |
|--|---|--------------------|--|----------------------------|---|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Morris Charles Bell | | | | 2. Date of Birth (month) (day) (year)
Sept. 13 1895 | | |
| | 3. Color or Race
W | 4. Sex
M | 5. Place of Birth
Idaho | a. County
Oneida | b. City or Town of Birth
Oxford | | |
| FATHER | 6. Full Name of Father
Charles Morris Bell | | | | 7. State or Country of Father's Birth
Idaho | | |
| MOTHER | 8. Full Maiden Name of Mother
Daisy Orey Potter | | | | 9. State or Country of Mother's Birth
Idaho | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Morris Charles Bell</i> | | 11. Present Address of Registrant
Inkom, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
April 18 1960 | | 12. Signature of Notary
<i>Grace Ashton</i> | | 13. Notary Commission expires
July 20 1961 | | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------------------|--|---|--|--|--|---|
| SUPPORTING RECORD 1. | Type of Document
Certified copy of Honorable Discharge from the United States Army | | By whom issued and signed
Sarah Devaney, County Recorder Bannock Co., Pocatello, Idaho | | Date issued
April 1, 1959 | Date Orig. Entry enlisted
May 26, 1918 |
| | Date of Birth
age 22 | Birth Place
Oxford, Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING RECORD 2. | Type of Document
Own child's birth certificate | | By whom issued and signed
Idaho #229515 | | Date issued
--- | Date Orig. Entry
child born Feb. 10, 1935 |
| | Date of Birth
age 39 | Birth Place
Oxford, Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING RECORD 3. | Type of Document
Affidavit by Step Mother— since Jan 9, 1907— age 73 | | By whom issued and signed
Edith Elizabeth Edwards Bell | | Date issued
April 18, 1960 | Date Orig. Entry
--- |
| | Date of Birth
Sept 13, 1895 | Birth Place
Oxford, Idaho Oneida County | Full Name of Mother
Daisy Orey Potter Bell | | Name of Father
Charles Morris Bell | |
| QUALIFYING INFORMATION | <p>Certified copy of Marriage License Affidavit issued by George F. McCoy, Blaine County Recorder on Nov 20, 1959. Date of original entry Oct 11, 1919. Gives age as 24.</p> | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
Joyce B. Foltz | | Date Filed
May 12, 1960 | |

439-223-035-818

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-468

| | | | | | | | |
|--|---|--------------------|--|--|---|--|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<i>Gladys May McIntire</i> | | | | 2. Date of Birth (month) (day) (year)
<i>May 23 1895</i> | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>F</i> | 5. Place of Birth
<i>Near Percé</i> | | 6. City or Town of Birth
<i>Near Lewiston Idaho</i> | | |
| FATHER | 6. Full Name of Father
<i>Thomas Clark McIntire</i> | | | | 7. State or Country of Father's Birth
<i>Iowa</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Elizabeth Hayter</i> | | | | 9. State or Country of Mother's Birth
<i>Nebraska</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Gladys M. Land</i> | | 11. Present Address of Registrant
<i>Chester, Calif.
410 Myrtle St</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>May 9 1960</i> | | | | 12. Signature of Notary
<i>Calvin D. McPherson</i> | | 13. Notary Commission expires
My Commission Expires Nov. 19____ |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|--|--|--|--|--|---|
| SUPPORTING RECORD 1. | Type of Document
<i>Census record</i> | | By whom issued and signed
<i>U. S. Dept. of Commerce
Bureau of the Census</i> | | Date issued
<i>March 18, 1960</i> | Date Orig. Entry
<i>census of June 1, 1900</i> |
| | Date of Birth
<i>May 1895
age 5</i> | Birth Place
<i>Idaho</i> | Full Name of Mother
<i>Elizabeth McIntire</i> | | Name of Father
<i>Thomas C. McIntire</i> | |
| SUPPORTING RECORD 2. | Type of Document
<i>statement regarding school census</i> | | By whom issued and signed
<i>Janette Willgerodt, Supt.
Enterprise, Ore. District 32</i> | | Date issued
<i>March 7, 1960</i> | Date Orig. Entry
<i>school census of Nov. 15, 1911</i> |
| | Date of Birth
<i>age 16</i> | Birth Place
<i>----</i> | Full Name of Mother
<i>----</i> | | Name of Father
<i>----</i> | |
| SUPPORTING RECORD 3. | Type of Document
<i>Affidavit by aunt born 1865</i> | | By whom issued and signed
<i>Viola L. Briggs</i> | | Date issued
<i>Nov. 30, 1953</i> | Date Orig. Entry
<i>----</i> |
| | Date of Birth
<i>May 23, 1895</i> | Birth Place
<i>near Lewiston, Idaho</i> | Full Name of Mother
<i>Elizabeth Hayter</i> | | Name of Father
<i>Thomas Clark McIntire</i> | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. W. Benson

Evidence reviewed by
Penny Patterson

Date Filed
June 2, 1960

JUN 3 1960

[illegible]

695-108-004-652

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-573

| | | | | | | |
|--|---|--------------------|--|--|---|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Charles Lamont Findlay</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>August 8th 1895</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>M</i> | 5. Place of Birth a. County
<i>Lanark Bear Lake</i> | | b. City or Town of Birth
<i>Idaho</i> | |
| FATHER | 6. Full Name of Father
<i>Charles Henry Findlay</i> | | | | 7. State or Country of Father's Birth
<i>Salt Lake City Utah</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Emeline Arnell West</i> | | | | 9. State or Country of Mother's Birth
<i>St. Charles Idaho</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Charles Lamont Findlay</i> | | 11. Present Address of Registrant
<i>Unleavened</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>at Boise Idaho</i>
<i>17 Dec. 1928</i> | | | 12. Signature of Notary
<i>Shulson</i> | | 13. Notary Commission expires
<i>when I see a life</i>
<i>a certificate in 19</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|--|---|--|--|---|
| SUPPORTING
RECORD 1- | Type of Document
<i>Marriage Record</i> | | By whom issued and signed
<i>Dept. of Health, Edmonton,
Alberta, Canada</i> | | Date Issued
<i>1-6-59</i> | Date Orig. Entry
<i>Nov. 2, 1922</i> |
| | Date of Birth
<i>age 27</i> | Birth Place
<i>Lanark, Idaho, USA</i> | Full Name of Mother
<i>----</i> | | Name of Father
<i>-----</i> | |
| SUPPORTING
RECORD 2- | Type of Document
<i>(present at birth) (age 79)
Affidavit by mother's brother</i> | | By whom issued and signed
<i>Harden Luke West</i> | | Date Issued
<i>2-24-59</i> | Date Orig. Entry |
| | Date of Birth
<i>Aug. 8,
1895</i> | Birth Place
<i>Lanark, Idaho</i> | Full Name of Mother
<i>Emeline Arnell West</i> | | Name of Father
<i>Charles Henry Findlay</i> | |
| SUPPORTING
RECORD 3- | Type of Document
<i>discharge certificate</i> | | By whom issued and signed
<i>Canadian Expeditionary Force
D. C. Houston, issuing officer</i> | | Date Issued
<i>June 2,
1919</i> | Date Orig. Entry
<i>June 2, 1919</i> |
| | Date of Birth
<i>age 23</i> | Birth Place
<i>---</i> | Full Name of Mother
<i>----</i> | | Name of Father
<i>-----</i> | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
<i>nr Penny Patterson</i> | Date Filed
<i>June 27, 1960</i> |

JUN 28 1960

DELETED CERTIFICATE OF BIRTH

STATE OF TEXAS

| | | | | | |
|-------------------------------|--|----------------------------|--|-----------------------------|--|
| 1. Name of child at birth | | 2. Date of birth | | 3. Place of birth | |
| 4. Name of mother at birth | | 5. Date of birth | | 6. Place of birth | |
| 7. Name of father at birth | | 8. Date of birth | | 9. Place of birth | |
| 10. Name of child at present | | 11. Date of present birth | | 12. Place of present birth | |
| 13. Name of mother at present | | 14. Date of present birth | | 15. Place of present birth | |
| 16. Name of father at present | | 17. Date of present birth | | 18. Place of present birth | |
| 19. Name of child at present | | 20. Date of present birth | | 21. Place of present birth | |
| 22. Name of mother at present | | 23. Date of present birth | | 24. Place of present birth | |
| 25. Name of father at present | | 26. Date of present birth | | 27. Place of present birth | |
| 28. Name of child at present | | 29. Date of present birth | | 30. Place of present birth | |
| 31. Name of mother at present | | 32. Date of present birth | | 33. Place of present birth | |
| 34. Name of father at present | | 35. Date of present birth | | 36. Place of present birth | |
| 37. Name of child at present | | 38. Date of present birth | | 39. Place of present birth | |
| 40. Name of mother at present | | 41. Date of present birth | | 42. Place of present birth | |
| 43. Name of father at present | | 44. Date of present birth | | 45. Place of present birth | |
| 46. Name of child at present | | 47. Date of present birth | | 48. Place of present birth | |
| 49. Name of mother at present | | 50. Date of present birth | | 51. Place of present birth | |
| 52. Name of father at present | | 53. Date of present birth | | 54. Place of present birth | |
| 55. Name of child at present | | 56. Date of present birth | | 57. Place of present birth | |
| 58. Name of mother at present | | 59. Date of present birth | | 60. Place of present birth | |
| 61. Name of father at present | | 62. Date of present birth | | 63. Place of present birth | |
| 64. Name of child at present | | 65. Date of present birth | | 66. Place of present birth | |
| 67. Name of mother at present | | 68. Date of present birth | | 69. Place of present birth | |
| 70. Name of father at present | | 71. Date of present birth | | 72. Place of present birth | |
| 73. Name of child at present | | 74. Date of present birth | | 75. Place of present birth | |
| 76. Name of mother at present | | 77. Date of present birth | | 78. Place of present birth | |
| 79. Name of father at present | | 80. Date of present birth | | 81. Place of present birth | |
| 82. Name of child at present | | 83. Date of present birth | | 84. Place of present birth | |
| 85. Name of mother at present | | 86. Date of present birth | | 87. Place of present birth | |
| 88. Name of father at present | | 89. Date of present birth | | 90. Place of present birth | |
| 91. Name of child at present | | 92. Date of present birth | | 93. Place of present birth | |
| 94. Name of mother at present | | 95. Date of present birth | | 96. Place of present birth | |
| 97. Name of father at present | | 98. Date of present birth | | 99. Place of present birth | |
| 100. Name of child at present | | 101. Date of present birth | | 102. Place of present birth | |

795-207.022-863 DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-775

| | | | | | | |
|--|---|-------------------------|-------------------------------------|-----------|--|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
IDA GREEN | | | | 2. Date (month) (day) (year)
Of Birth December 7, 1895 | |
| | 3. Color or Race
white | 4. Sex
Female | 5. Place of Birth
FREMONT | a. County | b. City or Town of Birth
ST. ANTHONY | |
| FATHER | 6. Full Name of Father
WILLMER CADMUS GREEN | | | | 7. State or Country of Father's Birth
IOWA | |
| MOTHER | 8. Full Maiden Name of Mother
EMMA HOLLINGSWORTH | | | | 9. State or Country of Mother's Birth
NEBRASKA | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Vida Garrett</i> | 11. Present Address of Registrant
945 S 4th West
ST. ANTHONY, IDAHO |
| NOTARY (Seal) | Subscribed and sworn to before me on
September 1 19 60 | | | | 12. Signature of Notary
<i>Meri T. Dahl</i> | 13. Notary Commission expires
9-11 19 63 |

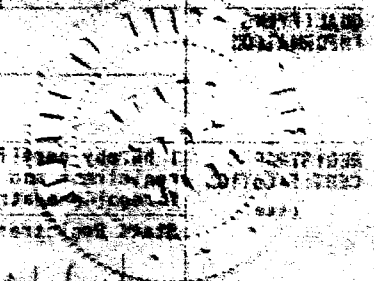
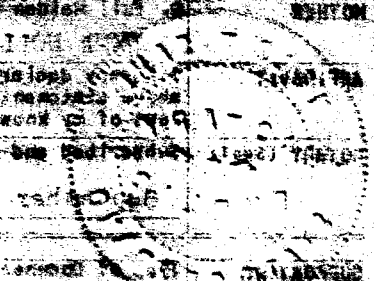
APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------------------|--|--|---|---|---|
| SUPPORTING RECORD 1. | Type of Document
affidavit by sister born 1884 | | By whom issued and signed
Mae H. Gibson | Date issued
Sept. 1, 1960 | Date Orig. Entry
----- |
| | Date of Birth
Dec. 7, 1895 | Birth Place
----- | Full Name of Mother
Emma Hollingsworth | Name of Father
Willmer Cadmus Green | |
| SUPPORTING RECORD 2. | Type of Document
statement regarding church records | | By whom issued and signed
LDS Church, St. Anthony 2nd Ward, Jess H. Murri, ward clerk | Date issued
July 23, 1960 | Date Orig. Entry
baptized July 2, 1904 |
| | Date of Birth
Dec. 7, 1895 | Birth Place
St. Anthony, Idaho | Full Name of Mother
Emma Hollingsworth | Name of Father
William C. Green | |
| SUPPORTING RECORD 3. | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #142374 | Date issued
----- | Date Orig. Entry
child born June 17, 1926 |
| | Date of Birth
age 30 | Birth Place
Idaho | Full Name of Mother
----- | Name of Father
----- | |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
Penny L. Wing | Date Filed
Spet. 7, 1960 | |

STATE OF IOWA DELAYED CERTIFICATE OF BIRTH

10-2-1930

| | | | | | | | |
|--------------------------------------|--|--------------------------------------|--|--------------------------------------|--|---------------------------------------|--|
| 1. Name of child
JAMES EARL RAY | | 2. Sex
Male | | 3. Date of birth
May 19, 1930 | | 4. Place of birth
Iowa | |
| 5. Name of mother
JAMES EARL RAY | | 6. Name of father
JAMES EARL RAY | | 7. Name of mother
JAMES EARL RAY | | 8. Name of father
JAMES EARL RAY | |
| 9. Name of mother
JAMES EARL RAY | | 10. Name of father
JAMES EARL RAY | | 11. Name of mother
JAMES EARL RAY | | 12. Name of father
JAMES EARL RAY | |
| 13. Name of mother
JAMES EARL RAY | | 14. Name of father
JAMES EARL RAY | | 15. Name of mother
JAMES EARL RAY | | 16. Name of father
JAMES EARL RAY | |
| 17. Name of mother
JAMES EARL RAY | | 18. Name of father
JAMES EARL RAY | | 19. Name of mother
JAMES EARL RAY | | 20. Name of father
JAMES EARL RAY | |
| 21. Name of mother
JAMES EARL RAY | | 22. Name of father
JAMES EARL RAY | | 23. Name of mother
JAMES EARL RAY | | 24. Name of father
JAMES EARL RAY | |
| 25. Name of mother
JAMES EARL RAY | | 26. Name of father
JAMES EARL RAY | | 27. Name of mother
JAMES EARL RAY | | 28. Name of father
JAMES EARL RAY | |
| 29. Name of mother
JAMES EARL RAY | | 30. Name of father
JAMES EARL RAY | | 31. Name of mother
JAMES EARL RAY | | 32. Name of father
JAMES EARL RAY | |
| 33. Name of mother
JAMES EARL RAY | | 34. Name of father
JAMES EARL RAY | | 35. Name of mother
JAMES EARL RAY | | 36. Name of father
JAMES EARL RAY | |
| 37. Name of mother
JAMES EARL RAY | | 38. Name of father
JAMES EARL RAY | | 39. Name of mother
JAMES EARL RAY | | 40. Name of father
JAMES EARL RAY | |
| 41. Name of mother
JAMES EARL RAY | | 42. Name of father
JAMES EARL RAY | | 43. Name of mother
JAMES EARL RAY | | 44. Name of father
JAMES EARL RAY | |
| 45. Name of mother
JAMES EARL RAY | | 46. Name of father
JAMES EARL RAY | | 47. Name of mother
JAMES EARL RAY | | 48. Name of father
JAMES EARL RAY | |
| 49. Name of mother
JAMES EARL RAY | | 50. Name of father
JAMES EARL RAY | | 51. Name of mother
JAMES EARL RAY | | 52. Name of father
JAMES EARL RAY | |
| 53. Name of mother
JAMES EARL RAY | | 54. Name of father
JAMES EARL RAY | | 55. Name of mother
JAMES EARL RAY | | 56. Name of father
JAMES EARL RAY | |
| 57. Name of mother
JAMES EARL RAY | | 58. Name of father
JAMES EARL RAY | | 59. Name of mother
JAMES EARL RAY | | 60. Name of father
JAMES EARL RAY | |
| 61. Name of mother
JAMES EARL RAY | | 62. Name of father
JAMES EARL RAY | | 63. Name of mother
JAMES EARL RAY | | 64. Name of father
JAMES EARL RAY | |
| 65. Name of mother
JAMES EARL RAY | | 66. Name of father
JAMES EARL RAY | | 67. Name of mother
JAMES EARL RAY | | 68. Name of father
JAMES EARL RAY | |
| 69. Name of mother
JAMES EARL RAY | | 70. Name of father
JAMES EARL RAY | | 71. Name of mother
JAMES EARL RAY | | 72. Name of father
JAMES EARL RAY | |
| 73. Name of mother
JAMES EARL RAY | | 74. Name of father
JAMES EARL RAY | | 75. Name of mother
JAMES EARL RAY | | 76. Name of father
JAMES EARL RAY | |
| 77. Name of mother
JAMES EARL RAY | | 78. Name of father
JAMES EARL RAY | | 79. Name of mother
JAMES EARL RAY | | 80. Name of father
JAMES EARL RAY | |
| 81. Name of mother
JAMES EARL RAY | | 82. Name of father
JAMES EARL RAY | | 83. Name of mother
JAMES EARL RAY | | 84. Name of father
JAMES EARL RAY | |
| 85. Name of mother
JAMES EARL RAY | | 86. Name of father
JAMES EARL RAY | | 87. Name of mother
JAMES EARL RAY | | 88. Name of father
JAMES EARL RAY | |
| 89. Name of mother
JAMES EARL RAY | | 90. Name of father
JAMES EARL RAY | | 91. Name of mother
JAMES EARL RAY | | 92. Name of father
JAMES EARL RAY | |
| 93. Name of mother
JAMES EARL RAY | | 94. Name of father
JAMES EARL RAY | | 95. Name of mother
JAMES EARL RAY | | 96. Name of father
JAMES EARL RAY | |
| 97. Name of mother
JAMES EARL RAY | | 98. Name of father
JAMES EARL RAY | | 99. Name of mother
JAMES EARL RAY | | 100. Name of father
JAMES EARL RAY | |



I hereby certify that the foregoing certificate has been filed in the Division of Vital Statistics for the State of Iowa, and that the same has been received by the Registrar of the State of Iowa.

Witness my hand and the seal of the State of Iowa, this 10th day of May, 1930.

296-211-035-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

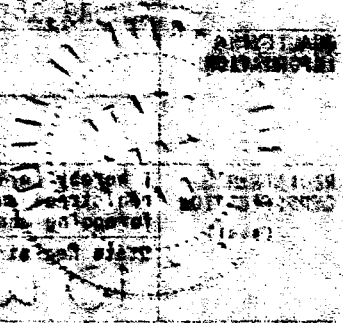
State File No. De60-814

| | | | | | | |
|--|--|--|--|---|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Edith Myrtle Brown | | | 2. Date (month) (day) (year)
Of Birth November 11 1895 | | |
| | 3. Color or Race
white | 4. Sex
f | 5. Place of Birth a. County
Nez Perce | b. City or Town of Birth
Teaken, Idaho | | |
| FATHER | 6. Full Name of Father
William Luther Brown | | | 7. State or Country of Father's Birth
Iowa | | |
| MOTHER | 8. Full Maiden Name of Mother
Jennie Burt Holladay | | | 9. State or Country of Mother's Birth | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>myrtle Brown</i> | | 11. Present Address of Registrant
Rt. 1, Box 45, Lenore, Ida |
| NOTARY (Seal) | Subscribed and sworn to before me on
April 21 19 60 | | | 12. Signature of Notary
<i>Anna H. Swaine</i> | | 13. Notary Commission expires
Nov. 17 19 62 |
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING
RECORD 1. | Type of Document
copy of own child's birth certificate | | By whom issued and signed
Idaho #357491 | | Date issued
----- | Date Orig. Entry
child born Aug. 2, 1915 |
| | Date of Birth
age 19 | Birth Place
Idaho | Full Name of Mother
--- - | | Name of Father
-- -- | |
| SUPPORTING
RECORD 2. | Type of Document
certified copy of certificate of marriage | | By whom issued and signed
Spokane County Wash. Frank L. Glover, auditor | | Date issued
July 5, 1960 | Date Orig. Entry
Oct. 8, 1914 |
| | Date of Birth
age 18 | Birth Place
Idaho | Full Name of Mother
Jennie Holliday | | Name of Father
William Brown | |
| SUPPORTING
RECORD 3. | Type of Document
affidavit by mother | | By whom issued and signed
Jennie B. Brown | | Date issued
Apr. 21, 1960 | Date Orig. Entry
----- |
| | Date of Birth
Nov. 11, 1895 | Birth Place
now Clearwater Co.
Teaken, Idaho | Full Name of Mother
Jennie B. Brown | | Name of Father
William Luther Brown | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. Benson</i> | | | Evidence reviewed by
Penny L. Wing | | Date Filed
Sept. 19, 1960 |

DELAWARE CERTIFICATE OF BIRTH STATE OF DELAWARE

SEP 20 1960

| | | | |
|---|--|---|--|
| 1. Name of child at birth
William Joseph Brown | | 2. Date of birth
April 21, 1960 | |
| 3. Sex of child
Male | | 4. Race of child
White | |
| 5. Name of father
William Joseph Brown | | 6. Name of mother
Jennie Ruth Holladay | |
| 7. State or County of father's birth
Delaware | | 8. State or County of mother's birth
Delaware | |
| 9. City or town of birth
Dover | | 10. Hospital or place of birth
St. Joseph's Hospital | |
| 11. Signature of father
William Joseph Brown | | 12. Signature of mother
Jennie Ruth Holladay | |
| 13. Date of registration
April 21, 1960 | | 14. Registrar's name
[Signature] | |
| 15. Date of filing
April 21, 1960 | | 16. Registrar's office
Dover, Delaware | |
| 17. Date of issue
April 21, 1960 | | 18. Registrar's office
Dover, Delaware | |
| 19. Date of issue
April 21, 1960 | | 20. Registrar's office
Dover, Delaware | |
| 21. Date of issue
April 21, 1960 | | 22. Registrar's office
Dover, Delaware | |
| 23. Date of issue
April 21, 1960 | | 24. Registrar's office
Dover, Delaware | |
| 25. Date of issue
April 21, 1960 | | 26. Registrar's office
Dover, Delaware | |
| 27. Date of issue
April 21, 1960 | | 28. Registrar's office
Dover, Delaware | |
| 29. Date of issue
April 21, 1960 | | 30. Registrar's office
Dover, Delaware | |
| 31. Date of issue
April 21, 1960 | | 32. Registrar's office
Dover, Delaware | |
| 33. Date of issue
April 21, 1960 | | 34. Registrar's office
Dover, Delaware | |
| 35. Date of issue
April 21, 1960 | | 36. Registrar's office
Dover, Delaware | |
| 37. Date of issue
April 21, 1960 | | 38. Registrar's office
Dover, Delaware | |
| 39. Date of issue
April 21, 1960 | | 40. Registrar's office
Dover, Delaware | |
| 41. Date of issue
April 21, 1960 | | 42. Registrar's office
Dover, Delaware | |
| 43. Date of issue
April 21, 1960 | | 44. Registrar's office
Dover, Delaware | |
| 45. Date of issue
April 21, 1960 | | 46. Registrar's office
Dover, Delaware | |
| 47. Date of issue
April 21, 1960 | | 48. Registrar's office
Dover, Delaware | |
| 49. Date of issue
April 21, 1960 | | 50. Registrar's office
Dover, Delaware | |
| 51. Date of issue
April 21, 1960 | | 52. Registrar's office
Dover, Delaware | |
| 53. Date of issue
April 21, 1960 | | 54. Registrar's office
Dover, Delaware | |
| 55. Date of issue
April 21, 1960 | | 56. Registrar's office
Dover, Delaware | |
| 57. Date of issue
April 21, 1960 | | 58. Registrar's office
Dover, Delaware | |
| 59. Date of issue
April 21, 1960 | | 60. Registrar's office
Dover, Delaware | |
| 61. Date of issue
April 21, 1960 | | 62. Registrar's office
Dover, Delaware | |
| 63. Date of issue
April 21, 1960 | | 64. Registrar's office
Dover, Delaware | |
| 65. Date of issue
April 21, 1960 | | 66. Registrar's office
Dover, Delaware | |
| 67. Date of issue
April 21, 1960 | | 68. Registrar's office
Dover, Delaware | |
| 69. Date of issue
April 21, 1960 | | 70. Registrar's office
Dover, Delaware | |
| 71. Date of issue
April 21, 1960 | | 72. Registrar's office
Dover, Delaware | |
| 73. Date of issue
April 21, 1960 | | 74. Registrar's office
Dover, Delaware | |
| 75. Date of issue
April 21, 1960 | | 76. Registrar's office
Dover, Delaware | |
| 77. Date of issue
April 21, 1960 | | 78. Registrar's office
Dover, Delaware | |
| 79. Date of issue
April 21, 1960 | | 80. Registrar's office
Dover, Delaware | |
| 81. Date of issue
April 21, 1960 | | 82. Registrar's office
Dover, Delaware | |
| 83. Date of issue
April 21, 1960 | | 84. Registrar's office
Dover, Delaware | |
| 85. Date of issue
April 21, 1960 | | 86. Registrar's office
Dover, Delaware | |
| 87. Date of issue
April 21, 1960 | | 88. Registrar's office
Dover, Delaware | |
| 89. Date of issue
April 21, 1960 | | 90. Registrar's office
Dover, Delaware | |
| 91. Date of issue
April 21, 1960 | | 92. Registrar's office
Dover, Delaware | |
| 93. Date of issue
April 21, 1960 | | 94. Registrar's office
Dover, Delaware | |
| 95. Date of issue
April 21, 1960 | | 96. Registrar's office
Dover, Delaware | |
| 97. Date of issue
April 21, 1960 | | 98. Registrar's office
Dover, Delaware | |
| 99. Date of issue
April 21, 1960 | | 100. Registrar's office
Dover, Delaware | |



464102-003-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-898

| | | | | | | | |
|--|---|--------------------|---------------------------------------|-----------------------------|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>JAMES HAROLD MOMBERT</i> | | | | 2. Date of Birth (month) (day) (year)
<i>June 2 1895</i> | | |
| | 3. Color of Race
<i>W</i> | 4. Sex
<i>M</i> | 5. Place of Birth
<i>Pocatello</i> | a. County
<i>Bannock</i> | b. City or Town of Birth
<i>Pocatello Idaho</i> | | |
| FATHER | 6. Full Name of Father
<i>Joseph Mombert</i> | | | | 7. State or Country of Father's Birth
<i>Missouri</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Eva ELLEN McCoy</i> | | | | 9. State or Country of Mother's Birth
<i>Michigan</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>James Mombert</i> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>June 6 1960</i> | | | | 12. Signature of Notary
<i>Fred H. Potter</i> | | 11. Present Address of Registrant
<i>24730 Orangevale</i> |
| | | | | | 13. Notary Commission expires
<i>May 15 1963</i> | | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|---------------------------------|--|--|----------------------------------|--|
| SUPPORTING
RECORD 1. | Type of Document
affidavit by mother | | By whom issued and signed
Eva E. Mombert | | Date issued
June 22, 1960 | Date Orig. Entry
---- |
| | Date of Birth
June 2, 1895 | Birth Place
Pocatello, Idaho | Full Name of Mother
Eva E. McCoy | | Name of Father
Joseph Mombert | |
| SUPPORTING
RECORD 2. | Type of Document
a certificate of vaccination | | By whom issued and signed
U. S. Dept. of Health, Education, & Welfare, J.B. Askew, M.D. | | Date issued
Sept. 17 1954 | Date Orig. Entry
Sept. 17, 1954 |
| | Date of Birth
June 2, 1895 | Birth Place
----- | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3. | Type of Document
statement regarding hospital records | | By whom issued and signed
Mercy Hospital, San Deigo, Calif. Arlene M. Doerr, R.R.L. | | Date issued
Oct. 6, 1960 | Date Orig. Entry
admitted Mar. 29, 1955 |
| | Date of Birth
age 59 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|--|-----------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. Benson</i> | Evidence reviewed by
PP <i>PP</i> Penny L. Wing | Date Filed
Oct. 14, 1960 |

RECEIVED
JULY 1964

Index

VS 11-26-1971 9:00 PM 1971

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the situation.

993-203-009-966

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-928

| | | | | | | |
|---|---|------------------|----------------------------|--|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
GLADYS RICE | | | 2. Date (month) (day) (year)
April 3 1995 | | |
| | 3. Color or Race
white | 4. Sex
Female | 5. Place of Birth
Latah | a. County
b. City or Town of Birth
farm out of Moscow, Idaho | | |
| FATHER | 6. Full Name of Father
JOHN LINZY RICE | | | 7. State or Country of Father's Birth
Yamhill County, Oregon | | |
| MOTHER | 8. Full Maiden Name of Mother
DORABELL ROWLAND | | | 9. State or Country of Mother's Birth
Nebraska | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Gladys Rice</i> | | 11. Present Address of Registrant
Culdesac, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
August 29 19 60 | | | 12. Signature of Notary
<i>[Signature]</i> | | 13. Notary Commission expires
May 2 19 62 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|--|--|---------------------------------------|-----------------------------------|--|
| SUPPORTING RECORD 1. | Type of Document
affidavit by sister | | By whom issued and signed
Tina Kellum born 1884 | | Date issued
Oct. 12, 1960 | Date Orig. Entry
----- |
| | Date of Birth
Apr. 3, 1895 | Birth Place
----- | Full Name of Mother
Dorabell Rowland | | Name of Father
John Rice | |
| SUPPORTING RECORD 2. | Type of Document
Census Record | | By whom issued and signed
Bureau of the Census | | Date issued
Sept. 23, 1960 | Date Orig. Entry
census of June 1, 1900 |
| | Date of Birth
April 1895 | Birth Place
Idaho | Full Name of Mother
Dora B. Rice | | Name of Father
John L. Rice | |
| SUPPORTING RECORD 3. | Type of Document
notarized family Bible record | | By whom issued and signed
S. Dean Arnold, Notary Public | | Date issued
Oct. 3, 1960 | Date Orig. Entry
obviously old |
| | Date of Birth
Apr. 3, 1895 | Birth Place
Latah County
Moscow, Idaho | Full Name of Mother
Dora Bell Rowland | | Name of Father
John Linzy Rice | |
| QUALIFYING INFORMATION | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | | Evidence reviewed by
Penny L. Wing | | Date Filed
Oct. 25, 1960 |

2 copies paid # 05426 8-10-60

DELETED CRIMINAL CASE OF 1944

OCT 25 1960

| | | | |
|---|---|---|--|
| 1. Name of the person (last, first, middle) | 2. Date of birth (month, day, year) | 3. Place of birth (city, state, country) | 4. Date of entry (month, day, year) |
| 5. Date of departure (month, day, year) | 6. Date of return (month, day, year) | 7. Date of release (month, day, year) | 8. Date of death (month, day, year) |
| 9. Date of arrest (month, day, year) | 10. Date of conviction (month, day, year) | 11. Date of sentencing (month, day, year) | 12. Date of appeal (month, day, year) |
| 13. Date of appeal (month, day, year) | 14. Date of appeal (month, day, year) | 15. Date of appeal (month, day, year) | 16. Date of appeal (month, day, year) |
| 17. Date of appeal (month, day, year) | 18. Date of appeal (month, day, year) | 19. Date of appeal (month, day, year) | 20. Date of appeal (month, day, year) |
| 21. Date of appeal (month, day, year) | 22. Date of appeal (month, day, year) | 23. Date of appeal (month, day, year) | 24. Date of appeal (month, day, year) |
| 25. Date of appeal (month, day, year) | 26. Date of appeal (month, day, year) | 27. Date of appeal (month, day, year) | 28. Date of appeal (month, day, year) |
| 29. Date of appeal (month, day, year) | 30. Date of appeal (month, day, year) | 31. Date of appeal (month, day, year) | 32. Date of appeal (month, day, year) |
| 33. Date of appeal (month, day, year) | 34. Date of appeal (month, day, year) | 35. Date of appeal (month, day, year) | 36. Date of appeal (month, day, year) |
| 37. Date of appeal (month, day, year) | 38. Date of appeal (month, day, year) | 39. Date of appeal (month, day, year) | 40. Date of appeal (month, day, year) |
| 41. Date of appeal (month, day, year) | 42. Date of appeal (month, day, year) | 43. Date of appeal (month, day, year) | 44. Date of appeal (month, day, year) |
| 45. Date of appeal (month, day, year) | 46. Date of appeal (month, day, year) | 47. Date of appeal (month, day, year) | 48. Date of appeal (month, day, year) |
| 49. Date of appeal (month, day, year) | 50. Date of appeal (month, day, year) | 51. Date of appeal (month, day, year) | 52. Date of appeal (month, day, year) |
| 53. Date of appeal (month, day, year) | 54. Date of appeal (month, day, year) | 55. Date of appeal (month, day, year) | 56. Date of appeal (month, day, year) |
| 57. Date of appeal (month, day, year) | 58. Date of appeal (month, day, year) | 59. Date of appeal (month, day, year) | 60. Date of appeal (month, day, year) |
| 61. Date of appeal (month, day, year) | 62. Date of appeal (month, day, year) | 63. Date of appeal (month, day, year) | 64. Date of appeal (month, day, year) |
| 65. Date of appeal (month, day, year) | 66. Date of appeal (month, day, year) | 67. Date of appeal (month, day, year) | 68. Date of appeal (month, day, year) |
| 69. Date of appeal (month, day, year) | 70. Date of appeal (month, day, year) | 71. Date of appeal (month, day, year) | 72. Date of appeal (month, day, year) |
| 73. Date of appeal (month, day, year) | 74. Date of appeal (month, day, year) | 75. Date of appeal (month, day, year) | 76. Date of appeal (month, day, year) |
| 77. Date of appeal (month, day, year) | 78. Date of appeal (month, day, year) | 79. Date of appeal (month, day, year) | 80. Date of appeal (month, day, year) |
| 81. Date of appeal (month, day, year) | 82. Date of appeal (month, day, year) | 83. Date of appeal (month, day, year) | 84. Date of appeal (month, day, year) |
| 85. Date of appeal (month, day, year) | 86. Date of appeal (month, day, year) | 87. Date of appeal (month, day, year) | 88. Date of appeal (month, day, year) |
| 89. Date of appeal (month, day, year) | 90. Date of appeal (month, day, year) | 91. Date of appeal (month, day, year) | 92. Date of appeal (month, day, year) |
| 93. Date of appeal (month, day, year) | 94. Date of appeal (month, day, year) | 95. Date of appeal (month, day, year) | 96. Date of appeal (month, day, year) |
| 97. Date of appeal (month, day, year) | 98. Date of appeal (month, day, year) | 99. Date of appeal (month, day, year) | 100. Date of appeal (month, day, year) |

857-118-007-143

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. **De 60-969**

| | | | | |
|---|---|-----------------------|--|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
William N. Heath | | 2. Date (month) (day) (year)
Of Birth November 18th 1895 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Soldier | a. County
Blaine
b. City or Town of Birth
Soldier, Idaho |
| FATHER | 6. Full Name of Father
Noel Constance Heath | | 7. State or Country of Father's Birth
Kansas. United States of America | |
| MOTHER | 8. Full Maiden Name of Mother
Martha Jeanette Aulgar | | 9. State or Country of Mother's Birth
East St Louis. Illinois/U.S.A | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant
<i>William N. Heath</i> | 11. Present Address of Registrant
Fairfield. Camas County. Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>August 18th 1960</i> | | 12. Signature of Notary
<i>O. E. Cannon</i> | 13. Notary Commission expires
<i>11-14 1961</i> |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|---|--------------------------------------|---|---|--|
| SUPPORTING RECORD 1- | Type of Document
Insurance Policy | | By whom issued and signed
Vivian Baldwin | Date issued
December 5 1944 | Date Orig. Entry
December 5 1944 |
| | Date of Birth
November 18 1895 | Birth Place
Soldier, Idaho | Full Name of Mother
----- | Name of Father
----- | |
| SUPPORTING RECORD 2- | Type of Document
Affidavit by Aunt Age 80 | | By whom issued and signed
Atlanta Yeates | Date issued
October 31, 1960 | Date Orig. Entry
----- |
| | Date of Birth
November 18 1895 | Birth Place
Soldier, Idaho | Full Name of Mother
Martha Jeanette Aulgar | Name of Father
Noel Constance Heath | |
| SUPPORTING RECORD 3- | Type of Document
Hunting License | | By whom issued and signed
Marion J. Kerns, Idaho Fish and Game Department | Date issued
March 18, 1955 | Date Orig. Entry
March 18, 1955 |
| | Date of Birth
Age 59 | Birth Place
---- | Full Name of Mother
----- | Name of Father
----- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| | | |
|--|--|---------------------------------------|
| State Registrar
W. W. Benson | Evidence reviewed by
ec Elaine Coy | Date Filed
November 3, 1960 |
|--|--|---------------------------------------|

DELAID CERTIFICATE OF BIRTH
STATE OF IDAHO

De 60-269

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| <p>1. Name of child: Matthew J. Karna, Idaho</p> <p>2. Date of birth: November 18, 1952</p> <p>3. Place of birth: Idaho</p> | | <p>4. Name of father: Matthew J. Karna, Idaho</p> <p>5. Name of mother: Alma J. Karna, Idaho</p> <p>6. Date of marriage: October 31, 1950</p> | | <p>7. Name of child: Matthew J. Karna, Idaho</p> <p>8. Date of birth: November 18, 1952</p> <p>9. Place of birth: Idaho</p> | | <p>10. Name of father: Matthew J. Karna, Idaho</p> <p>11. Name of mother: Alma J. Karna, Idaho</p> <p>12. Date of marriage: October 31, 1950</p> | |
| <p>13. Name of child: Matthew J. Karna, Idaho</p> <p>14. Date of birth: November 18, 1952</p> <p>15. Place of birth: Idaho</p> | | <p>16. Name of father: Matthew J. Karna, Idaho</p> <p>17. Name of mother: Alma J. Karna, Idaho</p> <p>18. Date of marriage: October 31, 1950</p> | | <p>19. Name of child: Matthew J. Karna, Idaho</p> <p>20. Date of birth: November 18, 1952</p> <p>21. Place of birth: Idaho</p> | | <p>22. Name of father: Matthew J. Karna, Idaho</p> <p>23. Name of mother: Alma J. Karna, Idaho</p> <p>24. Date of marriage: October 31, 1950</p> | |
| <p>25. Name of child: Matthew J. Karna, Idaho</p> <p>26. Date of birth: November 18, 1952</p> <p>27. Place of birth: Idaho</p> | | <p>28. Name of father: Matthew J. Karna, Idaho</p> <p>29. Name of mother: Alma J. Karna, Idaho</p> <p>30. Date of marriage: October 31, 1950</p> | | <p>31. Name of child: Matthew J. Karna, Idaho</p> <p>32. Date of birth: November 18, 1952</p> <p>33. Place of birth: Idaho</p> | | <p>34. Name of father: Matthew J. Karna, Idaho</p> <p>35. Name of mother: Alma J. Karna, Idaho</p> <p>36. Date of marriage: October 31, 1950</p> | |

113-123-029-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61-047

| | | | | | | | |
|--|--|--|--|---------------------------|---|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
J. RALPH JACKSON | | | | 2. Date (month) (day) (year)
Of Birth 1 23 1895 | | |
| | 3. Color or Race
W | 4. Sex
M | 5. Place of Birth
Idaho | a. County
Latah | b. City or Town of Birth
Cedar Creek | | |
| FATHER | 6. Full Name of Father
Matthew Elmer Jackson | | | | 7. State or Country of Father's Birth
Missouri | | |
| MOTHER | 8. Full Maiden Name of Mother
Mabel Cinderella Patterson | | | | 9. State or Country of Mother's Birth
Maine | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>J. Ralph Jackson</i> | | 11. Present Address of Registrant
Route 2, Boise, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
January 16 1961 | | | | 12. Signature of Notary
<i>Louise Lerner</i> | | 13. Notary Commission expires
Aug 4 1963 |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | | |
| SUPPORTING
RECORD 1- | Type of Document
Family Bible | | By whom issued and signed
Family Bible | | Date issued | Date Orig. Entry
obviously
old | |
| | Date of Birth
Jan. 23,
1895 | Birth Place
--- | Full Name of Mother
--- | | Name of Father
--- | | |
| SUPPORTING
RECORD 2- | Type of Document
Own child's birth certificate | | By whom issued and signed
Idaho #134276 | | Date issued
--- | Date Orig. Entry
child born
July 25, 1925 | |
| | Date of Birth
Age 30 | Birth Place
Idaho | Full Name of Mother
--- | | Name of Father
--- | | |
| SUPPORTING
RECORD 3- | Type of Document
Age 89
Affidavit by Neighbor
of parents soon after | | By whom issued and signed
Herbert Aldridge | | Date issued
Jan 14,
1961 | Date Orig. Entry
--- | |
| | Date of Birth
Jan 23,
1895 | Birth Place
Cedar Creek
Latah Co., Idaho | Full Name of Mother
Mabel C. Patterson | | Name of Father
Matthew Elmer Jackson | | |
| QUALIFYING
INFORMATION | | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
bf Joyce B. Foltz | | | Date Filed
Jan 17, 1961 | |

JAN 18 1961

DELAID CERTIFICATE OF BIRTH
STATE OF IOWA

State of Iowa, County of ...

| | | | | | | | | | | | | | | | | | |
|---|--|-------------------------------------|--|--|--|---|--|---|--|--|--|---|--|--|--|---|--|
| Name of child
Matthew Elmer Jackson | | Date of birth
Jan 23 1932 | | Place of birth
Cedar Creek, Iowa | | Parents' names and signatures
Matthew Elmer Jackson | | Date of birth certificate
Jan 23 1932 | | Place of birth certificate
Cedar Creek, Iowa | | Name of registrar
Matthew Elmer Jackson | | Date of registration
Jan 23 1932 | | Place of registration
Cedar Creek, Iowa | |
| Name of child
Family Bible | | Date of birth
Jan 23 1932 | | Place of birth
Cedar Creek, Iowa | | Parents' names and signatures
Family Bible | | Date of birth certificate
Jan 23 1932 | | Place of birth certificate
Cedar Creek, Iowa | | Name of registrar
Family Bible | | Date of registration
Jan 23 1932 | | Place of registration
Cedar Creek, Iowa | |
| Name of child
Herbert Albridge | | Date of birth
Jan 23 1932 | | Place of birth
Cedar Creek, Iowa | | Parents' names and signatures
Herbert Albridge | | Date of birth certificate
Jan 23 1932 | | Place of birth certificate
Cedar Creek, Iowa | | Name of registrar
Herbert Albridge | | Date of registration
Jan 23 1932 | | Place of registration
Cedar Creek, Iowa | |
| Name of child
Family Bible | | Date of birth
Jan 23 1932 | | Place of birth
Cedar Creek, Iowa | | Parents' names and signatures
Family Bible | | Date of birth certificate
Jan 23 1932 | | Place of birth certificate
Cedar Creek, Iowa | | Name of registrar
Family Bible | | Date of registration
Jan 23 1932 | | Place of registration
Cedar Creek, Iowa | |

SS4-21-022-994

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-098

| | | | | | | |
|--|---|-----------------------|---|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
George Nedrow | | | 2. Date of Birth (month) (day) (year)
November 21 1895 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Fremont | | | |
| FATHER | 6. Full Name of Father
Simington Nedrow | | | 7. State or Country of Father's Birth
Markle, Indiana | | |
| MOTHER | 8. Full Maiden Name of Mother
Sarah Ann Ridley | | | 9. State or Country of Mother's Birth
Illinois | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>George Nedrow</i> | | 11. Present Address of Registrant
<i>Ashton Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>February 13 1959</i> | | | 12. Signature of Notary
<i>Hazel L. Hurlbert</i> | | 13. Notary Commission expires
<i>Sept. 28 1960</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|------------------------------|---|--|-------------------------------------|---|
| SUPPORTING
RECORD 1. | Type of Document
statement regarding lodge membership | | By whom issued and signed
Clover Leaf Rebekah Lodge No. 82, I.O.O.F., C. Baker, Sec. | | Date Issued
March 1, 1959 | Date Orig. Entry
Dec. 17, 1937
joined |
| | Date of Birth
Nov. 21, 1895 | Birth Place
---- | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 2. | Type of Document
affidavit by brother age 80 | | By whom issued and signed
Simon A. Nedrow | | Date Issued
June 28, 1960 | Date Orig. Entry
----- |
| | Date of Birth
Nov. 21, 1895 | Birth Place
Ashton, Idaho | Full Name of Mother
Sarah Ann Riddle | | Name of Father
Simington, Nedrow | |
| SUPPORTING
RECORD 3. | Type of Document
Application for Insurance | | By whom issued and signed
Agent
M. L. Barrell, Soliciting | | Date Issued
November 6, 1918 | Date Orig. Entry
November 6, 1918 |
| | Date of Birth
November 21, 1895 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. W. Benson

Evidence reviewed by

pp

Elaine Coy

Date Filed

January 31, 1961

1 copy paid

1291 . K YOUNG

700 94 512

702-95-1-1

[illegible]

100-443887

edabI

Application for Insurance
of a Life and Fire

M. J. Barron
Solicitor

1918
November 10
Date: 1918

November 6, 1954

100-443887-100

100-100000

Page 2 of 2

1964-1965



THREAT

ye 15 18 an. 1842.

1. The first step is to identify the problem or question that needs to be answered.

10-20-1961 To: Mr. J. Edgar Hoover

吳昌碩

2-11-68

1. *Phyllanthus* sp. (100%)

~~... ..~~

Figure 1

100-443887-100

SECRET

Now Added (WAS 115)

109-15-1781

W01061 00000

...the ...

~~SECRET~~

1944-1945

7-10-1968

1990

1984

2281

551-227-036-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61-151

| | | | | | |
|--|---|-------------------------|--|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
MARY ELLEN EVANS <i>(Van Cott)</i> | | | 2. Date (month) (day) (year)
of Birth DECEMBER 27 1895 | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth a. County
ONEIDA | | b. City or Town of Birth
MALAD |
| FATHER | 6. Full Name of Father
ISAAC EVANS | | | 7. State or Country of Father's Birth
Glamorganshire, South Wales | |
| MOTHER | 8. Full Maiden Name of Mother
ANNIE JONES | | | 9. State or Country of Mother's Birth
Malad, Oneida County Idaho | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant <i>Mary Ellen Evans</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Feb 1st</i> 1961 | | | 11. Present Address of Registrant
3319 South 1620 East SLC Ut. | |
| | 12. Signature of Notary <i>Mel Humphrey</i> | | | 13. Notary Commission expires
<i>Jan 16</i> 1963 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|--|--|--|--------------------------------------|---|
| SUPPORTING
RECORD 1- | Type of Document
AFFIDAVIT BY FRIEND OF FAMILY AT TIME OF BIRTH | | By whom issued and signed
Mary Ann Reese Born 1877 | | Date issued
Dec. 6, 1960 | Date Orig. Entry
----- |
| | Date of Birth
Dec. 27, 1895 | Birth Place
Oneida County Malad, Idaho | Full Name of Mother
Annie Jones | | Name of Father
Isaac Evans | |
| SUPPORTING
RECORD 2- | Type of Document
own child's birth certificate | | By whom issued and signed
Utah #11486 | | Date issued
Jan. 24, 1961 | Date Orig. Entry
child born Apr. 25, 1929 |
| | Date of Birth
age 33 | Birth Place
Malad, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3- | Type of Document
Marriage license affidavit | | By whom issued and signed
Bannock County Idaho, Sarah Devaney, clerk | | Date issued
Feb. 1, 1961 | Date Orig. Entry
Aug. 19, 1924 |
| | Date of Birth
age 28 | Birth Place
----- | Full Name of Mother
----- | | Name of Father
----- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|--|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. L. Benson</i> | Evidence reviewed by
Penny L. Wing | Date Filed
Feb. 17, 1961 |

APR 5 1964

起死回生

693-108-037-944

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61-194

| | | | | | | |
|--|---|-----------------------|--|--|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
CHARLES ERNEST WILSON | | | | 2. Date (month) (day) (year)
Of Birth SEPTEMBER 8 1895 | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth
De La Mar, Idaho | b. City or Town of Birth
DELAMAR | | |
| FATHER | 6. Full Name of Father
JOSEPH GOOD WILSON | | | | 7. State or Country of Father's Birth
INDIANA, OHIO | |
| MOTHER | 8. Full Maiden Name of Mother
IDA IRENE RUMSER | | | | 9. State or Country of Mother's Birth
PINE HILL PENNSYLVANIA | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Charles E. Wilson</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>February 25 1961</i> | | | | 11. Present Address of Registrant
<i>Kemmerer, Ind. Box 97</i> | |
| | 12. Signature of Notary
<i>R. L. Cook</i> | | | | 13. Notary Commission expires
<i>February 4 1963</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|--|--|---|--|--|---|
| SUPPORTING RECORD 1. | Type of Document (copy)
Honorable Discharge Paper | | By whom issued and signed
U. S. M. C., D. M. Randall, Major, Commanding Marines | | Date issued
Jan. 23, 1947 | Date Orig. Entry enlisted
June 9, 1917 |
| | Date of Birth
Sept. 8, 1895 | Birth Place
De La Mar, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 2. | Type of Document
notarized photocopy of page from family Bible | | By whom issued and signed
Mae Beutler, County Clerk | | Date issued
Nov. 1, 1960 | Date Orig. Entry
obviously old |
| | Date of Birth
Sept. 8, 1895 | Birth Place
DeLamar, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 3. | Type of Document
Certificate of Baptism | | By whom issued and signed
LDS Church, Kemmerer Ward, J. S. Gilchrist, Clerk | | Date issued
Nov. 10, 1960 | Date Orig. Entry
baptized Mar. 21, 1922 |
| | Date of Birth
Sept. 8, 1895 | Birth Place
DeLamar, Idaho | Full Name of Mother
Irene Ida Rumser | | Name of Father
Joe G. Wilson | |

QUALIFYING INFORMATION

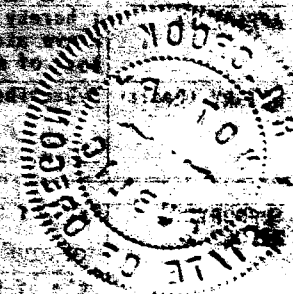
REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|--|-----------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Penny L. Wing | Date Filed
Mar. 1, 1961 |

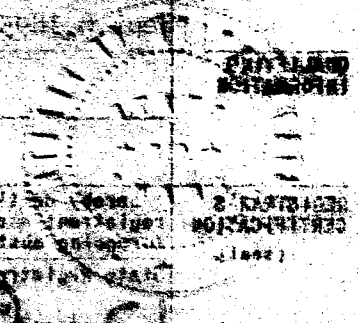
MAR 1 1961

DECEASED CERTIFICATE OF BIRTH
STATE OF NEW YORK

1. Name of deceased: *JOHN J. BROWN*
2. Date of death: *10-10-1958*
3. Place of death: *NEW YORK CITY*
4. Date of birth: *10-10-1958*
5. Place of birth: *NEW YORK CITY*
6. Name of mother: *MARY J. BROWN*
7. Name of father: *JOHN J. BROWN*
8. Name of informant: *JOHN J. BROWN*
9. Address of informant: *1234 5th Ave, New York City*
10. Signature of informant: *[Signature]*
11. Date of registration: *10-10-1958*
12. Place of registration: *NEW YORK CITY*
13. Name of registrar: *JOHN J. BROWN*
14. Signature of registrar: *[Signature]*
15. Date of filing: *10-10-1958*
16. Place of filing: *NEW YORK CITY*
17. Name of filer: *JOHN J. BROWN*
18. Signature of filer: *[Signature]*
19. Date of issue: *10-10-1958*
20. Place of issue: *NEW YORK CITY*
21. Name of issuer: *JOHN J. BROWN*
22. Signature of issuer: *[Signature]*
23. Date of completion: *10-10-1958*
24. Place of completion: *NEW YORK CITY*
25. Name of completer: *JOHN J. BROWN*
26. Signature of completer: *[Signature]*



27. Name of deceased: *JOHN J. BROWN*
28. Date of death: *10-10-1958*
29. Place of death: *NEW YORK CITY*
30. Date of birth: *10-10-1958*
31. Place of birth: *NEW YORK CITY*
32. Name of mother: *MARY J. BROWN*
33. Name of father: *JOHN J. BROWN*
34. Name of informant: *JOHN J. BROWN*
35. Address of informant: *1234 5th Ave, New York City*
36. Signature of informant: *[Signature]*
37. Date of registration: *10-10-1958*
38. Place of registration: *NEW YORK CITY*
39. Name of registrar: *JOHN J. BROWN*
40. Signature of registrar: *[Signature]*
41. Date of filing: *10-10-1958*
42. Place of filing: *NEW YORK CITY*
43. Name of filer: *JOHN J. BROWN*
44. Signature of filer: *[Signature]*
45. Date of issue: *10-10-1958*
46. Place of issue: *NEW YORK CITY*
47. Name of issuer: *JOHN J. BROWN*
48. Signature of issuer: *[Signature]*
49. Date of completion: *10-10-1958*
50. Place of completion: *NEW YORK CITY*
51. Name of completer: *JOHN J. BROWN*
52. Signature of completer: *[Signature]*



995-109-028-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61-207

| | | | | | | |
|--|---|-----------------------|--|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Henry Zink</u> | | | 2. Date (month) (day) (year)
Of Birth <u>8</u> <u>9</u> <u>1895</u> | | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>male</u> | 5. Place of Birth a. County
<u>Kootenai</u> | b. City or Town of Birth
<u>Carlin Bay</u> <u>Coeur d'Alene</u> | | |
| FATHER | 6. Full Name of Father
<u>Fred Zink</u> | | | 7. State or Country of Father's Birth
<u>not known</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Fidela Benson</u> | | | 9. State or Country of Mother's Birth
<u>---</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<u>Henry Zink</u> | | 11. Present Address of Registrant
<u>Box 247 Buena Vista</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>Feb 18</u> <u>1961</u> | | | 12. Signature of Notary
<u>Mary M. Huff</u> | | 13. Notary Commission expires
<u>May 13</u> <u>1962</u> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|---|---|--|-------------------------------------|--|
| SUPPORTING
RECORD 1. | Type of Document
<u>Social Security Record</u> | | By whom issued and signed
<u>Treasury Department</u> | Date issued
<u>----</u> | Date Orig. Entry
<u>Oct. 19, 1942</u> |
| | Date of Birth
<u>Aug. 9, 1895</u> | Birth Place
<u>Kootenai County
Coeur d'Alene, Ida.</u> | Full Name of Mother
<u>Fidela Benson</u> | Name of Father
<u>Fred Zink</u> | |
| SUPPORTING
RECORD 2. | Type of Document
<u>affidavit by friend of family
at time of birth</u> | | By whom issued and signed
<u>13 at time
Carrie Myrtle East of birth</u> | Date issued
<u>Feb. 18, 1961</u> | Date Orig. Entry
<u>----</u> |
| | Date of Birth
<u>1895</u> | Birth Place
<u>Carlen Bay, Idaho</u> | Full Name of Mother
<u>----</u> | Name of Father
<u>----</u> | |
| SUPPORTING
RECORD 3. | Type of Document
<u>#148588
Hunting-Fishing License</u> | | By whom issued and signed
<u>State of Washington, Dept. of
Game, Pastime, Agent</u> | Date issued
<u>Mar. 5, 1949</u> | Date Orig. Entry
<u>March 5, 1949</u> |
| | Date of Birth
<u>Aug. 9, 1895</u> | Birth Place
<u>----</u> | Full Name of Mother
<u>----</u> | Name of Father
<u>----</u> | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|--|-----------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<u>W. Benson</u> | Evidence reviewed by
<u>Penny L. Wing</u>
PW | Date Filed
<u>Mar. 3, 1961</u> |

DELETED CERTIFICATE OF BIRTH (MAY 1960)

MAR 3 1961

| | | | | | |
|---|--|--|--|---|--|
| 1. Name of child at birth
[Illegible] | | 2. Date of birth
[Illegible] | | 3. Place of birth
[Illegible] | |
| 4. Sex of child
[Illegible] | | 5. Race of child
[Illegible] | | 6. Color of child
[Illegible] | |
| 7. Name of mother at birth
[Illegible] | | 8. Date of mother's birth
[Illegible] | | 9. Place of mother's birth
[Illegible] | |
| 10. Name of father at birth
[Illegible] | | 11. Date of father's birth
[Illegible] | | 12. Place of father's birth
[Illegible] | |
| 13. Name of child at present
[Illegible] | | 14. Date of child's present birth
[Illegible] | | 15. Place of child's present birth
[Illegible] | |
| 16. Name of mother at present
[Illegible] | | 17. Date of mother's present birth
[Illegible] | | 18. Place of mother's present birth
[Illegible] | |
| 19. Name of father at present
[Illegible] | | 20. Date of father's present birth
[Illegible] | | 21. Place of father's present birth
[Illegible] | |
| 22. Name of child at present
[Illegible] | | 23. Date of child's present birth
[Illegible] | | 24. Place of child's present birth
[Illegible] | |
| 25. Name of mother at present
[Illegible] | | 26. Date of mother's present birth
[Illegible] | | 27. Place of mother's present birth
[Illegible] | |
| 28. Name of father at present
[Illegible] | | 29. Date of father's present birth
[Illegible] | | 30. Place of father's present birth
[Illegible] | |
| 31. Name of child at present
[Illegible] | | 32. Date of child's present birth
[Illegible] | | 33. Place of child's present birth
[Illegible] | |
| 34. Name of mother at present
[Illegible] | | 35. Date of mother's present birth
[Illegible] | | 36. Place of mother's present birth
[Illegible] | |
| 37. Name of father at present
[Illegible] | | 38. Date of father's present birth
[Illegible] | | 39. Place of father's present birth
[Illegible] | |
| 40. Name of child at present
[Illegible] | | 41. Date of child's present birth
[Illegible] | | 42. Place of child's present birth
[Illegible] | |
| 43. Name of mother at present
[Illegible] | | 44. Date of mother's present birth
[Illegible] | | 45. Place of mother's present birth
[Illegible] | |
| 46. Name of father at present
[Illegible] | | 47. Date of father's present birth
[Illegible] | | 48. Place of father's present birth
[Illegible] | |
| 49. Name of child at present
[Illegible] | | 50. Date of child's present birth
[Illegible] | | 51. Place of child's present birth
[Illegible] | |
| 52. Name of mother at present
[Illegible] | | 53. Date of mother's present birth
[Illegible] | | 54. Place of mother's present birth
[Illegible] | |
| 55. Name of father at present
[Illegible] | | 56. Date of father's present birth
[Illegible] | | 57. Place of father's present birth
[Illegible] | |
| 58. Name of child at present
[Illegible] | | 59. Date of child's present birth
[Illegible] | | 60. Place of child's present birth
[Illegible] | |
| 61. Name of mother at present
[Illegible] | | 62. Date of mother's present birth
[Illegible] | | 63. Place of mother's present birth
[Illegible] | |
| 64. Name of father at present
[Illegible] | | 65. Date of father's present birth
[Illegible] | | 66. Place of father's present birth
[Illegible] | |
| 67. Name of child at present
[Illegible] | | 68. Date of child's present birth
[Illegible] | | 69. Place of child's present birth
[Illegible] | |
| 70. Name of mother at present
[Illegible] | | 71. Date of mother's present birth
[Illegible] | | 72. Place of mother's present birth
[Illegible] | |
| 73. Name of father at present
[Illegible] | | 74. Date of father's present birth
[Illegible] | | 75. Place of father's present birth
[Illegible] | |
| 76. Name of child at present
[Illegible] | | 77. Date of child's present birth
[Illegible] | | 78. Place of child's present birth
[Illegible] | |
| 79. Name of mother at present
[Illegible] | | 80. Date of mother's present birth
[Illegible] | | 81. Place of mother's present birth
[Illegible] | |
| 82. Name of father at present
[Illegible] | | 83. Date of father's present birth
[Illegible] | | 84. Place of father's present birth
[Illegible] | |
| 85. Name of child at present
[Illegible] | | 86. Date of child's present birth
[Illegible] | | 87. Place of child's present birth
[Illegible] | |
| 88. Name of mother at present
[Illegible] | | 89. Date of mother's present birth
[Illegible] | | 90. Place of mother's present birth
[Illegible] | |
| 91. Name of father at present
[Illegible] | | 92. Date of father's present birth
[Illegible] | | 93. Place of father's present birth
[Illegible] | |
| 94. Name of child at present
[Illegible] | | 95. Date of child's present birth
[Illegible] | | 96. Place of child's present birth
[Illegible] | |
| 97. Name of mother at present
[Illegible] | | 98. Date of mother's present birth
[Illegible] | | 99. Place of mother's present birth
[Illegible] | |
| 100. Name of father at present
[Illegible] | | 101. Date of father's present birth
[Illegible] | | 102. Place of father's present birth
[Illegible] | |

2172

814/30-022-667

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61-304

| | | | | | | |
|--|---|----------------|--|---|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
BERNICE LEON HARRIS | | | 2. Date (month) (day) (year)
Of Birth November 30 1895 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Fremont | | b. City or Town of Birth
Rexburg | |
| FATHER | 6. Full Name of Father
BERNICE RAWLINGS HARRIS | | | 7. State or Country of Father's Birth
UTAH | | |
| MOTHER | 8. Full Maiden Name of Mother
MARTHA ANN FOGG | | | 9. State or Country of Mother's Birth
UTAH | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Bernice Leon Harris</i> | | 11. Present Address of Registrant
2232 Santa Elena Drive
Idaho Falls, Idaho. |
| NOTARY (Seal) | Subscribed and sworn to before me on
27th February 1961 | | 12. Signature of Notary
<i>A. Green</i> | | 13. Notary Commission expires
April 8 1963 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|--------------------------------|--|--|---|---------------------------------|
| SUPPORTING
RECORD 1. | Type of Document
L. D. S. Church Certificate | | By whom issued and signed
Joseph Fielding Smith | | Date issued
15 Feb. 1961 | Date Orig. Entry
6 Dec. 1903 |
| | Date of Birth
11-30-95 | Birth Place
Rexburg, Idaho | Full Name of Mother
Annie Martha Fogg | | Name of Father
Bernice R. Harris | |
| SUPPORTING
RECORD 2. | Type of Document
Affidavit by relative | | By whom issued and signed
Ezekiel Holman born 1885 | | Date issued
2/11/61 | Date Orig. Entry
11-30-95 |
| | Date of Birth
11-30-95 | Birth Place
Rexburg, Idaho | Full Name of Mother
Martha Ann Fogg | | Name of Father
Bernice Rawlings Harris | |
| SUPPORTING
RECORD 3. | Type of Document
Copy of Social Security Application | | By whom issued and signed
Treasury Department
B. L. Harris | | Date issued
11-24-36 | Date Orig. Entry
11-24-36 |
| | Date of Birth
11-30-95 | Birth Place
Rexburg, Idaho. | Full Name of Mother
Martha Ann Fogg | | Name of Father
Bernice Rawlings Harris | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. Benson

Evidence reviewed by

Perry L. Wing

Date Filed

April 4, 1961

APR 5 1961

[illegible]

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61-357

| | | | | | | |
|--|---|--------------------|--|--|---|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Julia Janet Davies | | | 2. Date (month) (day) (year)
Of Birth 12 19 1895 | | |
| | 3. Color or Race
White | 4. Sex
F | 5. Place of Birth a. County
Carey, Idaho, Blaine | | b. City or Town of Birth
Carey, Idaho | |
| FATHER | 6. Full Name of Father
Walter Bedam Davies | | | 7. State or Country of Father's Birth
England | | |
| MOTHER | 8. Full Maiden Name of Mother
Huldah Jane Parke | | | 9. State or Country of Mother's Birth
Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Julia J. Miles</i> | | 11. Present Address of Registrant
11436 S. Halsey Ave
Englewood, Ill. |
| NOTARY (Seal) | Subscribed and sworn to before me on
March 10 1961 | | | 12. Signature of Notary
<i>Ma Hunt</i> | | 13. Notary Commission expires
My Commission Expires March 28, 1964 |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
|---|--|------------------------------------|--|--|---|--|
| SUPPORTING
RECORD 1- | Type of Document
Social Security Records | | By whom issued and signed
Treasury Department | | Date issued
----- | Date Orig. Entry
Apr. 27, 1937 |
| | Date of Birth
Dec. 19, 1895 | Birth Place
Carey, Idaho | Full Name of Mother
Huldah Jane Parke | | Name of Father
Walter Beldam Davies | |
| SUPPORTING
RECORD 2- | Type of Document
affidavit by aunt | | By whom issued and signed age 80
Mrs. Thompson C. Parke | | Date issued
Nov. 6, 1958 | Date Orig. Entry
----- |
| | Date of Birth
Dec. 1895 | Birth Place
Carey, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3- | Type of Document
own child's birth certificate | | By whom issued and signed
Illinois #27823 | | Date issued
Apr. 14, 1961 | Date Orig. Entry
child born June 3, 1921 |
| | Date of Birth
Age 25 | Birth Place
Carey, Idaho | Full Name of Mother
----- | | Name of Father
----- | |

| | | | |
|--|--|--|-------------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. B. Benson</i> | Evidence reviewed by
Penny L. Wing | Date Filed
April 24, 1961 |

APR 24 1961

DECEASED CERTIFICATE OF BIRTH

1961

10

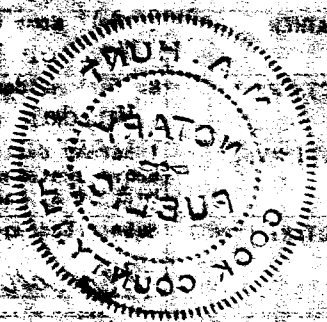
10

10

10

10

10



10

10

10

10

10

10

10

10

10

10

10

10

10

10

10

10

10

295208-022-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. /DE 61-496

| | | | | |
|--|---|---------------------|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>ROSE EMMA KINGHORN</i> | | 2. Date (month) (day) (year)
Of Birth <i>JULY 8 1895</i> | |
| | 3. Color or Race
<i>WHITE</i> | 4. Sex
<i>F.</i> | 5. Place of Birth a. County
<i>Fremont</i> | |
| FATHER | 6. Full Name of Father
<i>DAVID KINGHORN</i> | | 7. State or Country of Father's Birth
<i>ILLINOIS</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>ELIZA DORCY BRIAN</i> | | 9. State or Country of Mother's Birth
<i>UTAH</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant
<i>Rose E. Chever</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>June 6 1961</i> | | 11. Present Address of Registrant
<i>3419 Bellamy Ln. Boise</i> | |
| | | | 12. Signature of Notary
<i>Thina R. Carroll</i> | |
| | | | 13. Notary Commission expires
<i>Apr. 5 1962</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|--|---|--|----------------------------------|---------------------------------------|
| SUPPORTING
RECORD 1- | Type of Document
Statement regarding church records | | By whom issued and signed
<i>L.D.S. Church</i> | Date issued
May 25, 1961 | Date Orig. Entry
September 4, 1895 |
| | Date of Birth
July 8, 1895 | Birth Place
Lewisville, Idaho
Fremont county, | Full Name of Mother
Eliza D. Brian | Name of Father
David Kinghorn | |
| SUPPORTING
RECORD 2- | Type of Document
Affidavit by Aunt Age 75 | | By whom issued and signed
Emma Kinghorn Lee | Date issued
June 1, 1961 | Date Orig. Entry
----- |
| | Date of Birth
July 8, 1895 | Birth Place
Lewisville, Fremont
county, Idaho | Full Name of Mother
Eliza D. Brian Kinghorn | Name of Father
David Kinghorn | |
| SUPPORTING
RECORD 3- | Type of Document
Insurance Policy | | By whom issued and signed
Beneficial Life Insurance Co. | Date issued
----- | Date Orig. Entry
January 6, 1952 |
| | Date of Birth
July 8, 1895 | Birth Place
Lewisville, Idaho | Full Name of Mother
----- | Name of Father
----- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. W. Benson

Evidence reviewed by

Elaine Coy

Date Filed

June 6, 1961

RECEIVED
JAN 20 1960

1. Name of the person or organization to whom the letter is addressed.
2. Address of the person or organization to whom the letter is addressed.
3. City and State of the person or organization to whom the letter is addressed.
4. Name of the person or organization to whom the letter is addressed.
5. Address of the person or organization to whom the letter is addressed.
6. City and State of the person or organization to whom the letter is addressed.
7. Name of the person or organization to whom the letter is addressed.
8. Address of the person or organization to whom the letter is addressed.
9. City and State of the person or organization to whom the letter is addressed.
10. Name of the person or organization to whom the letter is addressed.
11. Address of the person or organization to whom the letter is addressed.
12. City and State of the person or organization to whom the letter is addressed.

[illegible]

W. W. Bennett
 81 time Day
 June 3, 1961

613-207-006-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61- 579

| | | | | | | |
|--|---|---------------------|--|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
MARY LAVIVE WATSON | | | 2. Date (month) (day) (year)
Of Birth July 7, 1895 | | |
| | 3. Color or Race
White | 4. Sex
F. | 5. Place of Birth a. County
Blackfoot, Bingham Co.
b. City or Town of Birth
Blackfoot | | | |
| FATHER | 6. Full Name of Father
Albert E. Watson, | | | 7. State or Country of Father's Birth
England | | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Pearl Brown | | | 9. State or Country of Mother's Birth
Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Mary Lavive Watson</i> | | 11. Present Address of Registrant
1216 W. Park St.
Anaconda, Montana. |
| NOTARY (Seal) | Subscribed and sworn to before me on
May 30 1961 | | | 12. Signature of Notary
<i>Robert J. Boyd</i> | | 13. Notary Commission expires
Jan. 7, 1964 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|---|--|--|--|---|
| SUPPORTING
RECORD 1. | Type of Document
Church Certificate of Birth | | By whom issued and signed
LDS Church, Pocatello Ward
Joseph F. Smith | | Date issued
May 19, 1959 | Date Orig. Entry
recorded
Feb. 7, 1904 |
| | Date of Birth
July 7, 1895 | Birth Place
Bingham County
Blackfoot, Idaho | Full Name of Mother
Mary Pearl Brown | | Name of Father
Albert E. Watson | |
| SUPPORTING
RECORD 2. | Type of Document
Temple Recommend | | By whom issued and signed
Idaho Falls Temple, E.T. Henderson | | Date issued
----- | Date Orig. Entry
June 14, 1955 |
| | Date of Birth
July 7, 1895 | Birth Place
Bingham County
Blackfoot, Idaho | Full Name of Mother
Mary Pearl Brown | | Name of Father
Albert Edwin Watson | |
| SUPPORTING
RECORD 3. | Type of Document
affidavit by father | | By whom issued and signed
Albert E. Watson | | Date issued
July 3, 1961 | Date Orig. Entry
----- |
| | Date of Birth
July 7, 1895 | Birth Place
Bingham County
Blackfoot, Idaho | Full Name of Mother
Mary Pearl Brown | | Name of Father
Albert Edwin Watson | |

QUALIFYING INFORMATION

| | | | |
|--|--|--|------------------------------------|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. Benson</i> | Evidence reviewed by
Penny L. Wing | Date Filed
July 11, 1961 |

JUL 11 1961

attorney Boyd with [illegible] [illegible]

DEPT. OF JUSTICE

RECEIVED JUL 11 1961

JUL 11 1961

RECEIVED JUL 11 1961

RECEIVED JUL 11 1961

RECEIVED JUL 11 1961

RECEIVED JUL 11 1961

RECEIVED JUL 11 1961

RECEIVED JUL 11 1961

RECEIVED JUL 11 1961

RECEIVED JUL 11 1961

RECEIVED JUL 11 1961

RECEIVED JUL 11 1961

RECEIVED JUL 11 1961

RECEIVED JUL 11 1961

RECEIVED JUL 11 1961

RECEIVED JUL 11 1961

RECEIVED JUL 11 1961

RECEIVED JUL 11 1961

RECEIVED JUL 11 1961

RECEIVED JUL 11 1961

RECEIVED JUL 11 1961

RECEIVED JUL 11 1961

RECEIVED JUL 11 1961

RECEIVED JUL 11 1961

RECEIVED JUL 11 1961

RECEIVED JUL 11 1961

RECEIVED JUL 11 1961

RECEIVED JUL 11 1961

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. **De61- 638**

| | | | | | | |
|---|---|-------------------------|---|--|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
ORBIE ANN FINDLAY | | | 2. Date (month) (day) (year)
Of Birth Oct. 5th. 1895 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Bear Lake | b. City or Town of Birth
Lanark | | |
| FATHER | 6. Full Name of Father
Walter Findlay | | | 7. State or Country of Father's Birth
Salt Lake City, Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Laura Smedley | | | 9. State or Country of Mother's Birth
Delaware U.S.A. | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Orbie F. Poulsen</i> | | 11. Present Address of Registrant
Paris, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
July 29, 1961 | | | 12. Signature of Notary
<i>Frederick L. Hance</i> | | 13. Notary Commission expires
Oct. 1st. 1962 |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-----------------------------|--|-------------------------------------|--|--|---|---|
| SUPPORTING RECORD 1- | Type of Document
own child's birth certificate | | By whom issued and signed
#129190 in Idaho | | Date issued
Feb. 11, 1925 | Date Orig. Entry
child born Feb. 11, 1925 |
| | Date of Birth
age 29 | Birth Place
Idaho | Full Name of Mother
Laura Smedley | | Name of Father
Walter Findlay | |
| SUPPORTING RECORD 2- | Type of Document
Certificate of Membership | | By whom issued and signed
LDS Church, Salt Lake City Utah, Ella D. Jack, Custodian | | Date issued
Feb. 11, 1959 | Date Orig. Entry
baptized Oct. 12, 1903 |
| | Date of Birth
Oct. 5, 1903 | Birth Place
Lanark, Idaho | Full Name of Mother
Laura Smedley | | Name of Father
Walter Findlay | |
| SUPPORTING RECORD 3- | Type of Document
affidavit by friend of family | | By whom issued and signed
Elmer Wilcox born 1876 | | Date issued
July 29, 1961 | Date Orig. Entry
born 1876 |
| | Date of Birth
Oct. 5, 1895 | Birth Place
Lanark, Idaho | Full Name of Mother
Laura Smedley | | Name of Father
Walter Findlay | |

| | | | |
|--|--|---|-------------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. J. Benson</i> | Evidence reviewed by
Penny L. Hance | Date Filed
August 2, 1961 |

DEPARTMENT OF STATE
OFFICE OF THE SECRETARY

AUG 2 1961

| | | | | |
|--|----------------------------------|----------------------------------|-------------------------------------|-----------------------------------|
| 1. Name of the person or organization | 2. Address | 3. City | 4. State | 5. Zip |
| 6. Date of birth or date of organization | 7. Sex | 8. Race | 9. Religion | 10. Education |
| 11. Occupation | 12. Source of income | 13. Assets | 14. Liabilities | 15. Net worth |
| 16. Date of last contact | 17. Date of last visit | 18. Date of last communication | 19. Date of last meeting | 20. Date of last interview |
| 21. Date of last report | 22. Date of last update | 23. Date of last review | 24. Date of last audit | 25. Date of last inspection |
| 26. Date of last evaluation | 27. Date of last assessment | 28. Date of last analysis | 29. Date of last synthesis | 30. Date of last conclusion |
| 31. Date of last recommendation | 32. Date of last decision | 33. Date of last action | 34. Date of last result | 35. Date of last outcome |
| 36. Date of last impact | 37. Date of last effect | 38. Date of last consequence | 39. Date of last influence | 40. Date of last power |
| 41. Date of last force | 42. Date of last control | 43. Date of last command | 44. Date of last authority | 45. Date of last jurisdiction |
| 46. Date of last sovereignty | 47. Date of last independence | 48. Date of last autonomy | 49. Date of last self-determination | 50. Date of last freedom |
| 51. Date of last liberty | 52. Date of last justice | 53. Date of last equity | 54. Date of last fairness | 55. Date of last morality |
| 56. Date of last ethics | 57. Date of last integrity | 58. Date of last honesty | 59. Date of last truthfulness | 60. Date of last sincerity |
| 61. Date of last genuineness | 62. Date of last openness | 63. Date of last transparency | 64. Date of last accountability | 65. Date of last responsibility |
| 66. Date of last obligation | 67. Date of last duty | 68. Date of last responsibility | 69. Date of last liability | 70. Date of last accountability |
| 71. Date of last answerability | 72. Date of last responsiveness | 73. Date of last reactivity | 74. Date of last adaptability | 75. Date of last flexibility |
| 76. Date of last pliability | 77. Date of last malleability | 78. Date of last moldability | 79. Date of last formability | 80. Date of last shapeability |
| 81. Date of last configurability | 82. Date of last configurability | 83. Date of last configurability | 84. Date of last configurability | 85. Date of last configurability |
| 86. Date of last configurability | 87. Date of last configurability | 88. Date of last configurability | 89. Date of last configurability | 90. Date of last configurability |
| 91. Date of last configurability | 92. Date of last configurability | 93. Date of last configurability | 94. Date of last configurability | 95. Date of last configurability |
| 96. Date of last configurability | 97. Date of last configurability | 98. Date of last configurability | 99. Date of last configurability | 100. Date of last configurability |

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61- 767

| | | | | | | |
|--|---|-------------------------|-------------------------------------|-----------------------------|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Ada Belle Moffat | | | | 2. Date (month) (day) (year)
Of Birth Sept. 4 1895 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Rexburg | a. County
Madison | b. City or Town of Birth
Rexburg, Idaho | |
| FATHER | 6. Full Name of Father
Andrew Moffat | | | | 7. State or Country of Father's Birth
Beaver, Utah | |
| MOTHER | 8. Full Maiden Name of Mother
Eliza Swanner Moffat | | | | 9. State or Country of Mother's Birth
Rexburg, Idaho | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Ada Belle Moffat Cordon</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
July 29th 19 61 | | | | 11. Present Address of Registrant
1074 Idaho Ave-Idaho Falls, Id | |
| | | | | | 12. Signature of Notary
<i>Robert Cordon</i> | |
| | | | | | 13. Notary Commission expires
July 10, 1963 19 | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|---|--------------------------------------|--|--|---|
| SUPPORTING
RECORD 1- | Type of Document
Certificate of Baptism | | By whom issued and signed
LDS Church, Cache Ward,
A.C. Meikle, clerk | | Date issued
July 3, 1910 |
| | Date of Birth
Sept. 4, 1895 | Birth Place
Rexburg, Idaho | Full Name of Mother
Eliza Swanner | | Date Orig. Entry
baptized
July 3, 1910 |
| | | | | | Name of Father
Andrew Moffatt |
| SUPPORTING
RECORD 2- | Type of Document
own childs birth certificate | | By whom issued and signed
Idaho #48582 | | Date issued
Feb. 21, 1917 |
| | Date of Birth
age 21 | Birth Place
Rexburg, Idaho | Full Name of Mother
----- | | Date Orig. Entry
child born
Feb. 21, 1917 |
| | | | | | Name of Father
----- |
| SUPPORTING
RECORD 3- | Type of Document
affidavit by aunt | | By whom issued and signed
age 82
Isabelle Moffat Letham | | Date issued
Aug. 17, 1961 |
| | Date of Birth
Sept. 4, 1895 | Birth Place
Rexburg, Idaho | Full Name of Mother
Eliza Swanner Moffat | | Date Orig. Entry
----- |
| | | | | | Name of Father
Andrew Moffat |

| | | | |
|--|--|--|-------------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. Benson</i> | Evidence reviewed by
Penny L. Wing | Date Filed
Sept. 15, 1961 |

SEP 15 1961

1947-1948
1949-1950
1951-1952
1953-1954
1955-1956
1957-1958
1959-1960
1961-1962
1963-1964
1965-1966
1967-1968
1969-1970
1971-1972
1973-1974
1975-1976
1977-1978
1979-1980
1981-1982
1983-1984
1985-1986
1987-1988
1989-1990
1991-1992
1993-1994
1995-1996
1997-1998
1999-2000
2001-2002
2003-2004
2005-2006
2007-2008
2009-2010
2011-2012
2013-2014
2015-2016
2017-2018
2019-2020
2021-2022
2023-2024
2025-2026
2027-2028
2029-2030
2031-2032
2033-2034
2035-2036
2037-2038
2039-2040
2041-2042
2043-2044
2045-2046
2047-2048
2049-2050
2051-2052
2053-2054
2055-2056
2057-2058
2059-2060
2061-2062
2063-2064
2065-2066
2067-2068
2069-2070
2071-2072
2073-2074
2075-2076
2077-2078
2079-2080
2081-2082
2083-2084
2085-2086
2087-2088
2089-2090
2091-2092
2093-2094
2095-2096
2097-2098
2099-2100
2101-2102
2103-2104
2105-2106
2107-2108
2109-2110
2111-2112
2113-2114
2115-2116
2117-2118
2119-2120
2121-2122
2123-2124
2125-2126
2127-2128
2129-2130
2131-2132
2133-2134
2135-2136
2137-2138
2139-2140
2141-2142
2143-2144
2145-2146
2147-2148
2149-2150
2151-2152
2153-2154
2155-2156
2157-2158
2159-2160
2161-2162
2163-2164
2165-2166
2167-2168
2169-2170
2171-2172
2173-2174
2175-2176
2177-2178
2179-2180
2181-2182
2183-2184
2185-2186
2187-2188
2189-2190
2191-2192
2193-2194
2195-2196
2197-2198
2199-2200
2201-2202
2203-2204
2205-2206
2207-2208
2209-2210
2211-2212
2213-2214
2215-2216
2217-2218
2219-2220
2221-2222
2223-2224
2225-2226
2227-2228
2229-2230
2231-2232
2233-2234
2235-2236
2237-2238
2239-2240
2241-2242
2243-2244
2245-2246
2247-2248
2249-2250
2251-2252
2253-2254
2255-2256
2257-2258
2259-2260
2261-2262
2263-2264
2265-2266
2267-2268
2269-2270
2271-2272
2273-2274
2275-2276
2277-2278
2279-2280
2281-2282
2283-2284
2285-2286
2287-2288
2289-2290
2291-2292
2293-2294
2295-2296
2297-2298
2299-2300
2301-2302
2303-2304
2305-2306
2307-2308
2309-2310
2311-2312
2313-2314
2315-2316
2317-2318
2319-2320
2321-2322
2323-2324
2325-2326
2327-2328
2329-2330
2331-2332
2333-2334
2335-2336
2337-2338
2339-2340
2341-2342
2343-2344
2345-2346
2347-2348
2349-2350
2351-2352
2353-2354
2355-2356
2357-2358
2359-2360
2361-2362
2363-2364
2365-2366
2367-2368
2369-2370
2371-2372
2373-2374
2375-2376
2377-2378
2379-2380
2381-2382
2383-2384
2385-2386
2387-2388
2389-2390
2391-2392
2393-2394
2395-2396
2397-2398
2399-2400
2401-2402
2403-2404
2405-2406
2407-2408
2409-2410
2411-2412
2413-2414
2415-2416
2417-2418
2419-2420
2421-2422
2423-2424
2425-2426
2427-2428
2429-2430
2431-2432
2433-2434
2435-2436
2437-2438
2439-2440
2441-2442
2443-2444
2445-2446
2447-2448
2449-2450
2451-2452
2453-2454
2455-2456
2457-2458
2459-2460
2461-2462
2463-2464
2465-2466
2467-2468
2469-2470
2471-2472
2473-2474
2475-2476
2477-2478
2479-2480
2481-2482
2483-2484
2485-2486
2487-2488
2489-2490
2491-2492
2493-2494
2495-2496
2497-2498
2499-2500
2501-2502
2503-2504
2505-2506
2507-2508
2509-2510
2511-2512
2513-2514
2515-2516
2517-2518
2519-2520
2521-2522
2523-2524
2525-2526
2527-2528
2529-2530
2531-2532
2533-2534
2535-2536
2537-2538
2539-2540
2541-2542
2543-2544
2545-2546
2547-2548
2549-2550
2551-2552
2553-2554
2555-2556
2557-2558
2559-2560
2561-2562
2563-2564
2565-2566
2567-2568
2569-2570
2571-2572
2573-2574
2575-2576
2577-2578
2579-2580
2581-2582
2583-2584
2585-2586
2587-2588
2589-2590
2591-2592
2593-2594
2595-2596
2597-2598
2599-2600
2601-2602
2603-2604
2605-2606
2607-2608
2609-2610
2611-2612
2613-2614
2615-2616
2617-2618
2619-2620
2621-2622
2623-2624
2625-2626
2627-2628
2629-2630
2631-2632
2633-2634
2635-2636
2637-2638
2639-2640
2641-2642
2643-2644
2645-2646
2647-2648
2649-2650
2651-2652
2653-2654
2655-2656
2657-2658
2659-2660
2661-2662
2663-2664
2665-2666
2667-2668
2669-2670
2671-2672
2673-2674
2675-2676
2677-2678
2679-2680
2681-2682
2683-2684
2685-2686
2687-2688
2689-2690
26

WATERBURY, CT

168-113-029-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-62-038

| | | | | | | |
|--|---|----------------|---|---|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Clarence L. Johnson | | | 2. Date of Birth
May 13 1895 | | |
| | 3. Color or Race
White | 4. Sex
male | 5. Place of Birth
a. County
Latah | b. City or Town of Birth
Troy | | |
| FATHER | 6. Full Name of Father
Lawrence Johnson | | | 7. State or Country of Father's Birth
Sweden | | |
| MOTHER | 8. Full Maiden Name of Mother
Carolina Larson | | | 9. State or Country of Mother's Birth
Sweden | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Clarence L. Johnson</i> | | 11. Present Address of Registrant
Rt 2 Troy Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>October 16</i> 1958 | | | 12. Signature of Notary
<i>Hazel L. Hurlbert</i> | | 13. Notary Commission expires
<i>Sept. 28</i> 1960 |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|---|--|--|--|------------------------------------|
| SUPPORTING
RECORD 1. | Type of Document
Life Insurance Policy | | By whom issued and signed
Equitable Life Assurance Society, New York City, N.Y. | | Date issued
Jan. 27, 1926 |
| | Date of Birth
May 13, 1895 | Birth Place
Troy, Latah County, Idaho | Full Name of Mother
----- | | Name of Father
----- |
| SUPPORTING
RECORD 2. | Type of Document
Affidavit by neighbor at time of birth. Age: 78 | | By whom issued and signed
Ida M. Smith Milton | | Date issued
Jan. 7, 1960 |
| | Date of Birth
May 13, 1895 | Birth Place
Troy, Latah County, Idaho | Full Name of Mother
Caroline Larson | | Name of Father
Lawrence Johnson |
| SUPPORTING
RECORD 3. | Type of Document
Certified copy of child's birth certificate | | By whom issued and signed
File No. 300844, Idaho | | Date issued
--- Sept. 21, 1940 |
| | Date of Birth
Age: 45 | Birth Place
Troy, Idaho | Full Name of Mother
----- | | Name of Father
--- |

QUALIFYING INFORMATION

| | | | |
|--|--|---|-----------------------------|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
SM Shirley Miller | Date Filed
Jan. 15, 1962 |

1-10-61

DELAWARE STATE - JUNE 1914
DELAWARE STATE - JUNE 1914

| | | | | | | | | | | | | | | | | | | | |
|-----------------|--|-----|--|-----|--|-------|--|---------------|--|----------------|--|-----------------|--|-----------------|--|------------|--|---------|--|
| Name of Person | | Age | | Sex | | Color | | Date of Birth | | Place of Birth | | Parents | | Married | | Occupation | | Remarks | |
| John J. Johnson | | 25 | | M | | W | | 1889 | | New York | | John J. Johnson | | Mary J. Johnson | | Teacher | | | |
| Mary J. Johnson | | 22 | | F | | W | | 1891 | | New York | | John J. Johnson | | Mary J. Johnson | | Teacher | | | |
| John J. Johnson | | 20 | | M | | W | | 1893 | | New York | | John J. Johnson | | Mary J. Johnson | | Teacher | | | |
| Mary J. Johnson | | 18 | | F | | W | | 1895 | | New York | | John J. Johnson | | Mary J. Johnson | | Teacher | | | |
| John J. Johnson | | 15 | | M | | W | | 1898 | | New York | | John J. Johnson | | Mary J. Johnson | | Teacher | | | |
| Mary J. Johnson | | 12 | | F | | W | | 1901 | | New York | | John J. Johnson | | Mary J. Johnson | | Teacher | | | |
| John J. Johnson | | 10 | | M | | W | | 1903 | | New York | | John J. Johnson | | Mary J. Johnson | | Teacher | | | |
| Mary J. Johnson | | 8 | | F | | W | | 1905 | | New York | | John J. Johnson | | Mary J. Johnson | | Teacher | | | |
| John J. Johnson | | 6 | | M | | W | | 1907 | | New York | | John J. Johnson | | Mary J. Johnson | | Teacher | | | |
| Mary J. Johnson | | 4 | | F | | W | | 1909 | | New York | | John J. Johnson | | Mary J. Johnson | | Teacher | | | |
| John J. Johnson | | 2 | | M | | W | | 1911 | | New York | | John J. Johnson | | Mary J. Johnson | | Teacher | | | |
| Mary J. Johnson | | 1 | | F | | W | | 1913 | | New York | | John J. Johnson | | Mary J. Johnson | | Teacher | | | |



314-129-044-622

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-62-118

| | | | | | |
|--|---|----------------|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Rollie Lester Campbell | | | 2. Date (month) (day) (year)
Of Birth April 29 1895 | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth a. County
Meadows, Idaho Wash. | | b. City or Town of Birth
Meadows, Idaho |
| FATHER | 6. Full Name of Father
Charles Albert Campbell | | | 7. State or Country of Father's Birth
Ill. | |
| MOTHER | 8. Full Maiden Name of Mother
Caroline Francis Osborn | | | 9. State or Country of Mother's Birth
Idaho | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Rollie Lester Campbell</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
Oct. 29 19 60 | | | 11. Present Address of Registrant | |
| | | | | 12. Signature of Notary
<i>Mary E. Adair</i> | |
| | | | | 13. Notary Commission expires
June 4 19 62 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|-------------------------------|---|--|---|------------------------------------|
| SUPPORTING
RECORD 1- | Type of Document
affidavit by aunt | | By whom issued and signed
Annie Krigbaum age 84 | | Date issued
Apr. 5, 1958 | Date Orig. Entry
---- |
| | Date of Birth
Apr. 29, 1895 | Birth Place
Meadows, Idaho | Full Name of Mother
Caroline Osborn | | Name of Father
Charles Albert Campbell | |
| SUPPORTING
RECORD 2- | Type of Document
Census Record | | By whom issued and signed
U.S. Bureau of the Census
Washington, D. C. | | Date issued
Jan. 23, 1962 | Date Orig. Entry
June 1, 1900 |
| | Date of Birth
Age: 5 | Birth Place
Idaho | Full Name of Mother
Caroline Campbell | | Name of Father
Charles A. Campbell | |
| SUPPORTING
RECORD 3- | Type of Document
statement regarding lodge membership | | By whom issued and signed
Joe Caha, Sec. Meadows Lodge
No. 93, IOOF | | Date issued
Feb. 7, 1962 | Date Orig. Entry
March 16, 1918 |
| | Date of Birth
Age: 22 | Birth Place
--- | Full Name of Mother
--- | | Name of Father
--- | |

QUALIFYING INFORMATION

| | | | |
|--|--|---|----------------------------|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
pw Shirley Miller | Date Filed
Feb. 9, 1962 |

STATE OF IOWA
 DELAYED CERTIFICATE OF BIRTH

FEB 16 1982

| | | | |
|--|--|--|--|
| Date of Birth: April 29, 1903
Place of Birth: Meadows, Iowa | | Date of Birth: April 29, 1903
Place of Birth: Meadows, Iowa | |
| Name of Father: Charles Albert Johnson
Name of Mother: Mary Johnson | | Name of Father: Charles Albert Johnson
Name of Mother: Mary Johnson | |
| State of Birth: Iowa
County of Birth: Johnson | | State of Birth: Iowa
County of Birth: Johnson | |
| Signature of Registrar: [Signature]
Date: April 29, 1903 | | Signature of Registrar: [Signature]
Date: April 29, 1903 | |
| Date of Birth: April 29, 1903
Place of Birth: Meadows, Iowa | | Date of Birth: April 29, 1903
Place of Birth: Meadows, Iowa | |
| Name of Father: Charles Albert Johnson
Name of Mother: Mary Johnson | | Name of Father: Charles Albert Johnson
Name of Mother: Mary Johnson | |
| State of Birth: Iowa
County of Birth: Johnson | | State of Birth: Iowa
County of Birth: Johnson | |
| Signature of Registrar: [Signature]
Date: April 29, 1903 | | Signature of Registrar: [Signature]
Date: April 29, 1903 | |
| Date of Birth: April 29, 1903
Place of Birth: Meadows, Iowa | | Date of Birth: April 29, 1903
Place of Birth: Meadows, Iowa | |
| Name of Father: Charles Albert Johnson
Name of Mother: Mary Johnson | | Name of Father: Charles Albert Johnson
Name of Mother: Mary Johnson | |
| State of Birth: Iowa
County of Birth: Johnson | | State of Birth: Iowa
County of Birth: Johnson | |
| Signature of Registrar: [Signature]
Date: April 29, 1903 | | Signature of Registrar: [Signature]
Date: April 29, 1903 | |

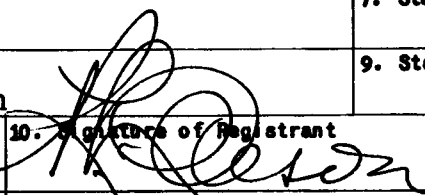



- 632-120-036-579

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-62-239

| | | | | | |
|---|---|-----------------------|---|---|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
RAYMOND LIONEL OLSON | | | 2. Date (month) (day) (year)
of Birth February 20, 1895 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Oneida Co (now Franklin) | b. City or Town of Birth
Mink Creek | |
| FATHER | 6. Full Name of Father
Peter Sanford Olson | | | 7. State or Country of Father's Birth
Sweden | |
| MOTHER | 8. Full Maiden Name of Mother
Hannah Marie Erickson | | | 9. State or Country of Mother's Birth
Sweden | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
 | 11. Present Address of Registrant
173 South Fairfax
Denver 22, Colorado |
| NOTARY (Seal) | Subscribed and sworn to before me on
MAR 15 1962 | | 12. Signature of Notary
 | 13. Notary Commission expires
July 24 1965 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-----------------------------|--|---|---|---|---|
| SUPPORTING RECORD 1. | Type of Document
Certificate of Ordination to the office of Deacon | | By whom issued and signed
Fred Nichols, Clerk, LDS Church | Date issued
Nov. 4, 1907 | Date Orig. Entry
baptized June 16, 1903 |
| | Date of Birth
Feb. 20, 1895 | Birth Place
Mink Creek, Idaho Oneida County | Full Name of Mother
Hannah M. Erickson | Name of Father
Peter S. Olsen | |
| SUPPORTING RECORD 2. | Type of Document
affidavit by aunt
Age: 81 | | By whom issued and signed
Hulda O. Peterson | Date issued
Mar. 8, 1962 | Date Orig. Entry
---- |
| | Date of Birth
Feb. 20, 1895 | Birth Place
Mink Creek, Idaho Oneida County | Full Name of Mother
Hannah M. Olson | Name of Father
Peter S. Olson | |
| SUPPORTING RECORD 3. | Type of Document
Certificate of Ordination to the office of Teacher | | By whom issued and signed
Lorin A. Merrill, Bishop LDS Church | Date issued
Nov. 14, 1910 | Date Orig. Entry
Ordained Nov. 14, 1910 |
| | Date of Birth
Feb. 20, 1895 | Birth Place
Mink Creek, Idaho Oneida County | Full Name of Mother
Hannah M. Erickson | Name of Father
Peter S. Olson | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

| | | |
|--|--|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
W. W. Benson | Evidence reviewed by
SM Shirley Miller | Date Filed
Mar. 23, 1962 |

3-17-62

MAR 26 1962

DELAWARE CERTIFICATE OF BIRTH

STATE OF DELAWARE

1955

Birth Record

RAYMOND CLAYTON

Child of John and Mary

Child of John and Mary

Child of John and Mary

Birth Date

Birth Date

State of Delaware of Mother's Birth

State of Delaware of Mother's Birth

Witness

Witness

State of Delaware of Mother's Birth

State of Delaware of Mother's Birth

Witness

Witness

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

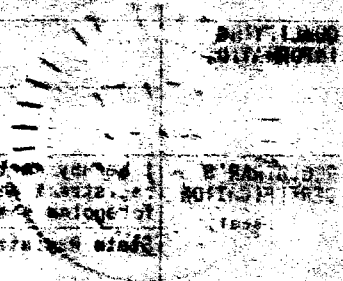
Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar



849-129-004-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. D3-62-340

| | | | | | |
|--|--|------------------------------------|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Clyde Hurst | | | 2. Date (month) (day) (year)
Of Birth August 29, 1895 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Bear Lake | a. County
Bear Lake | |
| FATHER | 6. Full Name of Father
Frederick William Hurst, Jr. | | | 7. State or Country of Father's Birth
Utah | |
| MOTHER | 8. Full Maiden Name of Mother
Alvira Deseret Lindsay | | | 9. State or Country of Mother's Birth
Idaho | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Clyde Hurst</i> | 11. Present Address of Registrant
<i>624 5th N Logan UT</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
April 19 1962 | | | 12. Signature of Notary
IVER L. LARSEN, County Clerk
By <i>Blanche B. Taylor</i> Deputy Clerk | 13. Notary Commission expires
19 |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
| SUPPORTING
RECORD 1. | Type of Document
certified copy of abstract of marriage License | | By whom issued and signed
Blanche B. Taylor, Deputy Clerk | | Date Issued
April 19, 1962 |
| | Date of Birth
Age: 21 | Birth Place
----- | Full Name of Mother
----- | | Date Orig. Entry
Aug. 3, 1917 |
| SUPPORTING
RECORD 2. | Type of Document
Certificate of Ordination to the office of Teacher | | By whom issued and signed
James L. Poulsen, Bishop | | Date Issued
----- |
| | Date of Birth
Aug. 29, 1895 | Birth Place
Paris, Idaho | Full Name of Mother
Deseret Lindsay | | Date Orig. Entry
baptized Sept. 6, 1903 |
| SUPPORTING
RECORD 3. | Type of Document
Honorable Discharge from U.S. Army---certified copy | | By whom issued and signed
Rhea R. Larsen, County Recorder, Cache County, Utah | | Date Issued
Jan. 23, 1934 |
| | Date of Birth
Age: 21 | Birth Place
Paris, Idaho | Full Name of Mother
----- | | Date Orig. Entry
Enlisted Aug. 3, 1917 |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
Shirley Miller | | Date Filed
April 20, 1962 |

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **De-62-398**

| | | | | | | | |
|---|---|-------------------------|---|-----------|--|--|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Nellie May Ridd | | | | 2. Date (month) (day) (year)
Birth 5 20 1895 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Bear Lake | a. County | b. City or Town of Birth
Montpelier | | |
| FATHER | 6. Full Name of Father
William Henry Ridd | | | | 7. State or Country of Father's Birth
Utah Salt Lake | | |
| MOTHER | 8. Full Maiden Name of Mother
Emeline Ellen Hillier | | | | 9. State or Country of Mother's Birth
England (Croydon) | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Nellie May Ridd</i> | | 11. Present Address of Registrant
1058 24th St. Ogden, Utah |
| NOTARY (Seal) | Subscribed and sworn to before me on
Apr 9 1962 | | 12. Signature of Notary
<i>Bryant J. Furness</i> | | 13. Notary Commission expires
Feb. 22 1963 | | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
|---|---|---|---|--|---|--|
| SUPPORTING RECORD 1. | Type of Document
affidavit by aunt, born
Feb. 16, 1884 | | By whom issued and signed
Nora B. Hillier | | Date Issued
April 9, 1962 | Date Orig. Entry
----- |
| | Date of Birth
May 20, 1895 | Birth Place
Montpelier, Idaho | Full Name of Mother
Emeline Ellen Hillier | | Name of Father
William Henry Ridd | |
| SUPPORTING RECORD 2. | Type of Document
statement concerning hospital
record | | By whom issued and signed
M. P. Southwick, M.D.
Ogden Clinic, Ogden, Utah | | Date Issued
April 6, 1962 | Date Orig. Entry
Nov. 22, 1952 |
| | Date of Birth
Age: 57 | Birth Place
----- | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 3. | Type of Document
certified copy of marriage
application | | By whom issued and signed
Alvin Keddington, Clerk | | Date Issued
May 9, 1962 | Date Orig. Entry
May 27, 1919 |
| | Date of Birth
May 20, 1895 | Birth Place
Montpelier, Idaho | Full Name of Mother
Emeline Hillier | | Name of Father
W. H. Ridd | |

| | | | |
|--|--|--|-----------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
sm Shirley Miller | Date Filed
May 16, 1962 |

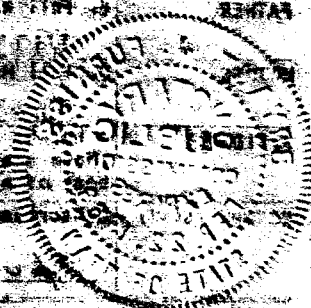
1962-05-17

DELETED CERTIFICATE OF BIRTH
STATE OF ILLINOIS

Read

MAY 17 1962

| | | | | | |
|-----------------------------|--|-----------------------------|--|-----------------------------|--|
| 1. Name of child at birth | | 2. Date of birth | | 3. Place of birth | |
| 4. Sex of child | | 5. Race of child | | 6. Religion of child | |
| 7. Name of father | | 8. Name of mother | | 9. Name of child at birth | |
| 10. Name of child at birth | | 11. Name of child at birth | | 12. Name of child at birth | |
| 13. Name of child at birth | | 14. Name of child at birth | | 15. Name of child at birth | |
| 16. Name of child at birth | | 17. Name of child at birth | | 18. Name of child at birth | |
| 19. Name of child at birth | | 20. Name of child at birth | | 21. Name of child at birth | |
| 22. Name of child at birth | | 23. Name of child at birth | | 24. Name of child at birth | |
| 25. Name of child at birth | | 26. Name of child at birth | | 27. Name of child at birth | |
| 28. Name of child at birth | | 29. Name of child at birth | | 30. Name of child at birth | |
| 31. Name of child at birth | | 32. Name of child at birth | | 33. Name of child at birth | |
| 34. Name of child at birth | | 35. Name of child at birth | | 36. Name of child at birth | |
| 37. Name of child at birth | | 38. Name of child at birth | | 39. Name of child at birth | |
| 40. Name of child at birth | | 41. Name of child at birth | | 42. Name of child at birth | |
| 43. Name of child at birth | | 44. Name of child at birth | | 45. Name of child at birth | |
| 46. Name of child at birth | | 47. Name of child at birth | | 48. Name of child at birth | |
| 49. Name of child at birth | | 50. Name of child at birth | | 51. Name of child at birth | |
| 52. Name of child at birth | | 53. Name of child at birth | | 54. Name of child at birth | |
| 55. Name of child at birth | | 56. Name of child at birth | | 57. Name of child at birth | |
| 58. Name of child at birth | | 59. Name of child at birth | | 60. Name of child at birth | |
| 61. Name of child at birth | | 62. Name of child at birth | | 63. Name of child at birth | |
| 64. Name of child at birth | | 65. Name of child at birth | | 66. Name of child at birth | |
| 67. Name of child at birth | | 68. Name of child at birth | | 69. Name of child at birth | |
| 70. Name of child at birth | | 71. Name of child at birth | | 72. Name of child at birth | |
| 73. Name of child at birth | | 74. Name of child at birth | | 75. Name of child at birth | |
| 76. Name of child at birth | | 77. Name of child at birth | | 78. Name of child at birth | |
| 79. Name of child at birth | | 80. Name of child at birth | | 81. Name of child at birth | |
| 82. Name of child at birth | | 83. Name of child at birth | | 84. Name of child at birth | |
| 85. Name of child at birth | | 86. Name of child at birth | | 87. Name of child at birth | |
| 88. Name of child at birth | | 89. Name of child at birth | | 90. Name of child at birth | |
| 91. Name of child at birth | | 92. Name of child at birth | | 93. Name of child at birth | |
| 94. Name of child at birth | | 95. Name of child at birth | | 96. Name of child at birth | |
| 97. Name of child at birth | | 98. Name of child at birth | | 99. Name of child at birth | |
| 100. Name of child at birth | | 101. Name of child at birth | | 102. Name of child at birth | |



1. Name of child at birth

2. Name of child at birth

819-226-028-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 62-539

| | | | | | | | | |
|--|---|-------------------------|--|--|---|--|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Opal Georgia Harris | | | | 2. Date (month) (day) (year)
Of Birth August 26 1895 | | | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth a. County
Kootenai | | b. City or Town of Birth
Santa mailing address | | | |
| FATHER | 6. Full Name of Father
William Henry Harris | | | | 7. State or Country of Father's Birth
Missouri | | | |
| MOTHER | 8. Full Maiden Name of Mother
Harriet Amelia Garton | | | | 9. State or Country of Mother's Birth
Iowa | | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Opal H. Burnett</i> | | 11. Present Address of Registrant
1001 N. Jackson
Lexington, Nebraska | |
| NOTARY (Seal) | Subscribed and sworn to before me on
June 21 19 62 | | | | 12. Signature of Notary
<i>Marjorie Brinley</i>
Clerk of Dawson Co. Court | | 13. Notary Commission expires
----- 19 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | | | | | |
|-------------------------|---|--|---|--|---|--|---|--|---|--|
| SUPPORTING
RECORD 1- | Type of Document
Affidavit by relative
(Cousin) | | Age 17 | | By whom issued and signed
Nancy Harris Mathers | | Date issued
----- | | Date Orig. Entry
July 7, 1962 | |
| | Date of Birth
August 26,
1885 | | Birth Place
Kootenai County
Idaho | | Full Name of Mother
Harriet Garton Harris | | Name of Father
William Henry Harris | | | |
| SUPPORTING
RECORD 2- | Type of Document
School Record | | | | By whom issued and signed
Wenatchee Schools | | Date issued
----- | | Date Orig. Entry
12-7-09 | |
| | Date of Birth
August 26,
1895 | | Birth Place
----- | | Full Name of Mother
----- | | Name of Father
----- | | | |
| SUPPORTING
RECORD 3- | Type of Document
Marriage License | | | | By whom issued and signed
Marjorie Brinley, Clerk | | Date issued
June 21,
1962 | | Date Orig. Entry
October 25,
1919 | |
| | Date of Birth
Age 24 | | Birth Place
Idaho | | Full Name of Mother
----- | | Name of Father
----- | | | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

| | | |
|--|---|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
W. W. Benson | Evidence reviewed by
Elaine Coy | Date Filed
July 12, 1962 |

DECEASED CERTIFICATE OF BIRTH
STATE OF TEXAS

JUL 12 1962
FEB 7 1972



1. Name of child: [illegible]
2. Sex: [illegible]
3. Date of birth: [illegible]
4. Place of birth: [illegible]
5. Name of mother: [illegible]
6. Name of father: [illegible]
7. Address of mother: [illegible]
8. Address of father: [illegible]
9. Signature of mother: [illegible]
10. Signature of father: [illegible]
11. Signature of physician: [illegible]
12. Signature of registrar: [illegible]

1. Name of child: [illegible]
2. Sex: [illegible]
3. Date of birth: [illegible]
4. Place of birth: [illegible]
5. Name of mother: [illegible]
6. Name of father: [illegible]
7. Address of mother: [illegible]
8. Address of father: [illegible]
9. Signature of mother: [illegible]
10. Signature of father: [illegible]
11. Signature of physician: [illegible]
12. Signature of registrar: [illegible]

| | | | | | |
|---------------|-------------|-------------|-------------|-------------|-------------|
| Date of birth | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| Date of birth | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| Date of birth | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| Date of birth | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |

1. Name of child: [illegible]
2. Sex: [illegible]
3. Date of birth: [illegible]
4. Place of birth: [illegible]
5. Name of mother: [illegible]
6. Name of father: [illegible]
7. Address of mother: [illegible]
8. Address of father: [illegible]
9. Signature of mother: [illegible]
10. Signature of father: [illegible]
11. Signature of physician: [illegible]
12. Signature of registrar: [illegible]

| | | | | | | | | |
|--|---|-------------------------|---|--|---|--|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>Stella Lavalla Perrine</u> | | | | | 2. Date (month) (day) (year)
Of Birth <u>Nov.</u> <u>16</u> <u>1895</u> | | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Female</u> | 5. Place of Birth
<u>Shoshone Idaho. Lincoln</u> | | 6. City or Town of Birth
<u>Shoshone Idaho</u> | | | |
| FATHER | 6. Full Name of Father
<u>Ira Burton Perrine</u> | | | | | 7. State or Country of Father's Birth
<u>Indiana</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Hortense McKay</u> | | | | | 9. State or Country of Mother's Birth
<u>Utah</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
<u>Stella L. Haight</u> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>March 9th 1956</u> | | | | | 11. Present Address of Registrant
<u>8607 Piney Bl. Rd. Silver Spring Md.</u> | | |
| | 12. Signature of Notary
<u>Nancy Lane Jones</u> | | | | | 13. Notary Commission expires
<u>May 6, 1957.</u> | | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|---------------------------------------|---|---|---|
| SUPPORTING RECORD 1. | Type of Document
<u>CENSUS RECORD</u> | | By whom issued and signed
<u>DEPARTMENT OF COMMERCE</u>
<u>Bureau of the Census</u> | Date issued
<u>1-25-56</u> | Date Orig. Entry
<u>Census of 1900, June 1</u> |
| | Date of Birth
<u>November, 1895</u>
<u>4 years old</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>Hortense Perrine</u> | Name of Father
<u>Ira B. Perrine</u> | |
| SUPPORTING RECORD 2. | Type of Document
<u>Marriage Record</u> | | By whom issued and signed
<u>T. W. Strivers, Auditor</u>
<u>Twin Falls County</u> | Date issued
<u>July 10, 1962</u> | Date Orig. Entry
<u>November 15, 1917</u> |
| | Date of Birth
<u>Age 21</u> | Birth Place
<u>-----</u> | Full Name of Mother
<u>-----</u> | Name of Father
<u>-----</u> | |
| SUPPORTING RECORD 3. | Type of Document
<u>Own child's birth certificate</u> | | By whom issued and signed
<u>File # 178439</u> | Date issued
<u>-----</u> | Date Orig. Entry
<u>January 14, 1930</u> |
| | Date of Birth
<u>Age 34</u> | Birth Place
<u>Shoshone, Idaho</u> | Full Name of Mother
<u>-----</u> | Name of Father
<u>-----</u> | |

| | | | |
|-------------------------------------|--|---|------------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<u>W. W. Benson</u> | Evidence reviewed by
<u>bw ec Elaine Coy</u> | Date Filed
<u>July 16, 1962</u> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF TEXAS

JUL 16 1952

DEC 31 1955

Date: 10/10/1964
 To: Mr. J. Edgar Hoover
 From: Mr. J. Edgar Hoover

12-10-55

7-10-1950
MADON, 1000000

State of Maryland
County of Prince George's
Shirley M. Jones
Wife of John M. Jones
Died at home of John M. Jones
on the 10th day of March 1912

[Illegible text]

DATE: 11/11/68

SECRET

97 - 10-11-68

REGION

10-10-68

177 02047-92

RECEIVED

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

to be styled as follows:

SECRET

1951-1952

1974

SECRET

[illegible]

GROUP 202129
Date of Birth 10-10-1910

100

SECRET

RECEIVED 10 11 1964

100-443887-100

~~SECRET~~

12 33A

08-00000

[Faint, illegible markings]

(Two children born confidential)

CONTROL
2 07000

RECEIVED

1948

Class

[illegible][illegible]

7-1-1950
1-1-1950

1. The Commission of the European Communities (CEC) has been established by the Treaty of Rome, signed in 1957, and has since then been working towards the goal of creating a single market in Europe.

11

SECRET

100-444100-1000

1977: 100 01312

7. per:

SECRET

7-10-68

100-443886-100

314-226-029-432

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-62-580

| | | | | | |
|--|---|-------------------------|-----------------------------------|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Christina Cameron | | | 2. Date (month) (day) (year)
Of Birth September 26, 1895 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Latah | b. City or Town of Birth
Moscow | |
| FATHER | 6. Full Name of Father
Murdock Cameron | | | 7. State or Country of Father's Birth
Ullapool, Scotland | |
| MOTHER | 8. Full Maiden Name of Mother
Annie McKemie | | | 9. State or Country of Mother's Birth
Ullapool, Scotland | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Christina Cameron</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
July 27 1962 | | | 11. Present Address of Registrant
Route #3
Moscow, Idaho | |
| | 12. Signature of Notary
<i>Philip L. Guilfooy</i> | | | 13. Notary Commission expires
12-5 1963 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|-------------------------------------|--|--|--|--|
| SUPPORTING
RECORD 1- | Type of Document
Census Record | | By whom issued and signed
U.S. BUREAU OF THE CENSUS
Washington, D.C. | | Date issued
Sept. 23,
1960 | Date Orig. Entry
June 1, 1900 |
| | Date of Birth
Age: 4 | Birth Place
Idaho | Full Name of Mother
Annie Cameron | | Name of Father
Murdock Cameron | |
| SUPPORTING
RECORD 2- | Type of Document
application for insurance | | By whom issued and signed
Old American Life Company | | Date issued
Feb. 4,
1947 | Date Orig. Entry
Feb. 1, 1947 |
| | Date of Birth
Sept. 26,
1895 | Birth Place
Moscow, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3- | Type of Document
notarized photo copy of
page from family Bible | | By whom issued and signed
Philip L. Guilfooy, Notary | | Date issued
July 27,
1962 | Date Orig. Entry
obviously
old |
| | Date of Birth
Sept. 26,
1895 | Birth Place
----- | Full Name of Mother
----- | | Name of Father
----- | |

| | | | |
|--|--|--|------------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. W. Anderson</i> | Evidence reviewed by
<i>sm Shirley Miller</i> | Date Filed
July 30, 1962 |

JUL 31 1992

| | | | |
|--|--|---|--|
| 1. Name of Person or Firm
2. Address
3. City or Town of Birth
4. State of Birth
5. Date of Birth
6. Sex
7. Race
8. Religion
9. Education
10. Occupation
11. Date of Arrival in U.S.
12. Date of Departure from U.S.
13. Date of Return to U.S.
14. Date of Last Contact
15. Date of Last Visit
16. Date of Last Meeting
17. Date of Last Communication
18. Date of Last Contact
19. Date of Last Visit
20. Date of Last Meeting
21. Date of Last Communication | | 22. Name of Person or Firm
23. Address
24. City or Town of Birth
25. State of Birth
26. Date of Birth
27. Sex
28. Race
29. Religion
30. Education
31. Occupation
32. Date of Arrival in U.S.
33. Date of Departure from U.S.
34. Date of Return to U.S.
35. Date of Last Contact
36. Date of Last Visit
37. Date of Last Meeting
38. Date of Last Communication
39. Date of Last Contact
40. Date of Last Visit
41. Date of Last Meeting
42. Date of Last Communication | |
|--|--|---|--|

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-62-741

| | | | | | | | |
|--|---|--------------------|---|--|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Edward Isaac Benson | | | | 2. Date (month) (day) (year)
Of Birth Sept. 28, 1895 | | |
| | 3. Color or Race
white | 4. Sex
M | 5. Place of Birth a. County
Jefferson | | b. City or Town of Birth
Rigby | | |
| FATHER | 6. Full Name of Father
Samuel Benson | | | | 7. State or Country of Father's Birth
Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Fannie Hopewell | | | | 9. State or Country of Mother's Birth
England | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Edward Isaac Benson</i> | | 11. Present Address of Registrant
Blackfoot, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
August 31st 1962 | | | | 12. Signature of Notary
<i>Earl W. Cory</i> | | 13. Notary Commission expires
February 29th 1964 |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | | |
|---|--|-----------------------------|--|--|---------------------------------|---|--|
| SUPPORTING
RECORD 1- | Type of Document
certified copy of own child's
birth certificate | | By whom issued and signed
File #78686, Idaho | | Date issued
Aug. 30,
1951 | Date Orig. Entry
child born
Mar. 31, 1920 | |
| | Date of Birth
Age: 24 | Birth Place
Idaho | Full Name of Mother
--- | | Name of Father
--- | | |
| SUPPORTING
RECORD 2- | Type of Document
certified copy of application
for marriage license | | By whom issued and signed
Alvin Keddington, Clerk | | Date issued
Dec. 22,
1961 | Date Orig. Entry
Sept. 26, 1919 | |
| | Date of Birth
Sept. 28,
1895 | Birth Place
Rigby, Idaho | Full Name of Mother
Fanny Hopewell | | Name of Father
Saml Benson | | |
| SUPPORTING
RECORD 3- | Type of Document
notarized photo copy of
family Bible record | | By whom issued and signed
Earl W. Cory, Notary Public | | Date issued
Oct. 3, 1962 | Date Orig. Entry
obviously old | |
| | Date of Birth
Sept. 28,
1895 | Birth Place
Rigby, Idaho | Full Name of Mother
Fannie Hopewell Benson | | Name of Father
Samuel Benson | | |
| QUALIFYING
INFORMATION | | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | | |
| | State Registrar
<i>W. Benson</i> | | Evidence reviewed by
sm Shirley Miller | | | Date Filed
October 4, 1962 | |

OCT 4 1982

APR 1 1978

STATE OF IDAHO
DELAYED CERTIFICATE OF BIRTH

| | | | | | |
|---|--|---|--|---|--|
| 1. Full name of child
Jefferson | | 2. Date of birth
1982 | | 3. Place of birth
Idaho | |
| 4. Name of mother
Jefferson | | 5. Name of father
Jefferson | | 6. Name of child at birth
Jefferson | |
| 7. Date of birth
1982 | | 8. Place of birth
Idaho | | 9. Name of child at birth
Jefferson | |
| 10. Name of mother
Jefferson | | 11. Name of father
Jefferson | | 12. Name of child at birth
Jefferson | |
| 13. Date of birth
1982 | | 14. Place of birth
Idaho | | 15. Name of child at birth
Jefferson | |
| 16. Name of mother
Jefferson | | 17. Name of father
Jefferson | | 18. Name of child at birth
Jefferson | |
| 19. Date of birth
1982 | | 20. Place of birth
Idaho | | 21. Name of child at birth
Jefferson | |
| 22. Name of mother
Jefferson | | 23. Name of father
Jefferson | | 24. Name of child at birth
Jefferson | |
| 25. Date of birth
1982 | | 26. Place of birth
Idaho | | 27. Name of child at birth
Jefferson | |
| 28. Name of mother
Jefferson | | 29. Name of father
Jefferson | | 30. Name of child at birth
Jefferson | |
| 31. Date of birth
1982 | | 32. Place of birth
Idaho | | 33. Name of child at birth
Jefferson | |
| 34. Name of mother
Jefferson | | 35. Name of father
Jefferson | | 36. Name of child at birth
Jefferson | |
| 37. Date of birth
1982 | | 38. Place of birth
Idaho | | 39. Name of child at birth
Jefferson | |
| 40. Name of mother
Jefferson | | 41. Name of father
Jefferson | | 42. Name of child at birth
Jefferson | |
| 43. Date of birth
1982 | | 44. Place of birth
Idaho | | 45. Name of child at birth
Jefferson | |
| 46. Name of mother
Jefferson | | 47. Name of father
Jefferson | | 48. Name of child at birth
Jefferson | |
| 49. Date of birth
1982 | | 50. Place of birth
Idaho | | 51. Name of child at birth
Jefferson | |
| 52. Name of mother
Jefferson | | 53. Name of father
Jefferson | | 54. Name of child at birth
Jefferson | |
| 55. Date of birth
1982 | | 56. Place of birth
Idaho | | 57. Name of child at birth
Jefferson | |
| 58. Name of mother
Jefferson | | 59. Name of father
Jefferson | | 60. Name of child at birth
Jefferson | |
| 61. Date of birth
1982 | | 62. Place of birth
Idaho | | 63. Name of child at birth
Jefferson | |
| 64. Name of mother
Jefferson | | 65. Name of father
Jefferson | | 66. Name of child at birth
Jefferson | |
| 67. Date of birth
1982 | | 68. Place of birth
Idaho | | 69. Name of child at birth
Jefferson | |
| 70. Name of mother
Jefferson | | 71. Name of father
Jefferson | | 72. Name of child at birth
Jefferson | |
| 73. Date of birth
1982 | | 74. Place of birth
Idaho | | 75. Name of child at birth
Jefferson | |
| 76. Name of mother
Jefferson | | 77. Name of father
Jefferson | | 78. Name of child at birth
Jefferson | |
| 79. Date of birth
1982 | | 80. Place of birth
Idaho | | 81. Name of child at birth
Jefferson | |
| 82. Name of mother
Jefferson | | 83. Name of father
Jefferson | | 84. Name of child at birth
Jefferson | |
| 85. Date of birth
1982 | | 86. Place of birth
Idaho | | 87. Name of child at birth
Jefferson | |
| 88. Name of mother
Jefferson | | 89. Name of father
Jefferson | | 90. Name of child at birth
Jefferson | |
| 91. Date of birth
1982 | | 92. Place of birth
Idaho | | 93. Name of child at birth
Jefferson | |
| 94. Name of mother
Jefferson | | 95. Name of father
Jefferson | | 96. Name of child at birth
Jefferson | |
| 97. Date of birth
1982 | | 98. Place of birth
Idaho | | 99. Name of child at birth
Jefferson | |
| 100. Name of mother
Jefferson | | 101. Name of father
Jefferson | | 102. Name of child at birth
Jefferson | |

799-113-036-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-62-809

| | | | | | | | |
|--|---|-----------------------|--|--|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Daniel Morse Price | | | | 2. Date (month) (day) (year)
Birth 9 13 1895 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Samaria Oneida | | a. County
Oneida | | |
| FATHER | 6. Full Name of Father
John Evan Price | | | | 7. State or Country of Father's Birth
Stanfeigan Wales | | |
| MOTHER | 8. Full Maiden Name of Mother
Emma Morse | | | | 9. State or Country of Mother's Birth
Logan Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Daniel M. Price</i> | | 11. Present Address of Registrant
271 N. 6 E. Provo Utah |
| NOTARY (Seal) | Subscribed and sworn to before me on
11/2 19 67 | | | | 12. Signature of Notary
<i>[Signature]</i> | | 13. Notary Commission expires
5/23 19 63 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|--|--|--|--|---|
| SUPPORTING
RECORD 1. | Type of Document
Certificate of Ordination to the office of Deacon | | By whom issued and signed
Daniel E. Price, Bishop | | Date issued
Feb. 9, 1909 | Date Orig. Entry
ordained
Feb. 8, 1909 |
| | Date of Birth
Sept. 13, 1895 | Birth Place
Oneida County Samaria, Idaho | Full Name of Mother
Emma Morse | | Name of Father
John E. Price | |
| SUPPORTING
RECORD 2. | Type of Document
Marriage License | | By whom issued and signed
File #48-12258, Idaho | | Date issued
-- | Date Orig. Entry
Aug. 9, 1948 |
| | Date of Birth
Age: 52 | Birth Place
Samaria, Idaho | Full Name of Mother
-- | | Name of Father
-- | |
| SUPPORTING
RECORD 3. | Type of Document
Honorable Discharge from United States Marine Corps | | By whom issued and signed
J.F. Windiate, 2nd Lieut. U.S.M.C.R. Co. "C" | | Date issued
Feb. 10, 1919 | Date Orig. Entry
enlisted
Nov. 5, 1918 |
| | Date of Birth
Sept. 13, 1895 | Birth Place
Samaria, Idaho | Full Name of Mother
-- | | Name of Father
-- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. A. Benson

Evidence reviewed by
Shirley Miller

Date Filed
November 6, 1962

298-203-038-669

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De62-825

| | | | | | |
|--|---|--------------------|--|---|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
GRACE ELSIE BRYANT | | | 2. Date (month) (day) (year)
Of Birth Sept 3, 1895 | |
| | 3. Color or Race
White | 4. Sex
F | 5. Place of Birth a. County
Payette, Idaho Payette | b. City or Town of Birth
Payette, Idaho | |
| FATHER | 6. Full Name of Father
HENRY CLAY BRYANT | | | 7. State or Country of Father's Birth
WEISER, IDAHO | |
| MOTHER | 8. Full Maiden Name of Mother
ROSE ISABELLE WORTHINGTON | | | 9. State or Country of Mother's Birth
INDIANAPOLIS, INDIANA | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Grace Elsie Bryant</i> | 11. Present Address of Registrant
660 South 3rd West
Mountain Home, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
September 21, 19 62 | | | 12. Signature of Notary
<i>W. W. Benson</i> | 13. Notary Commission expires
March 3, 19 65 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|--|--------------------------------------|---|--|---|
| SUPPORTING
RECORD 1. | Type of Document
application for membership | | By whom issued and signed
Royal Neighbors of American | Date issued
---- | Date Orig. Entry
Oct. 27, 1926 |
| | Date of Birth
Sept. 3, 1895 | Birth Place
Payette, Idaho | Full Name of Mother
--- | Name of Father
--- | |
| SUPPORTING
RECORD 2. | Type of Document
affidavit by business associate at time of birth Age: 78 | | By whom issued and signed
J. W. Condit | Date issued
Oct. 11, 1962 | Date Orig. Entry
--- |
| | Date of Birth
Sept. 3, 1895 | Birth Place
Payette, Idaho | Full Name of Mother
Rose Isabelle Bryant | Name of Father
Henry C. Bryant | |
| SUPPORTING
RECORD 3. | Type of Document
Own child's birth certificate | | By whom issued and signed
#84308 - Idaho | Date issued
--- | Date Orig. Entry
child born
Sept 20, 1920 |
| | Date of Birth
Age 25 | Birth Place
Idaho | Full Name of Mother
---- | Name of Father
---- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|--|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
W. W. Benson | Evidence reviewed by
SM Joyce B. Foltz | Date Filed
Nov. 14, 1962 |

NOV 14 1962

DECLARED CERTIFICATE OF BIRTH

State of Idaho

| | | | | | |
|-------------------------|--|------------------------|--|-------------------------|--|
| Name of child
Idaho | | Date of birth
Idaho | | Place of birth
Idaho | |
| Name of mother
Idaho | | Date of birth
Idaho | | Place of birth
Idaho | |
| Name of father
Idaho | | Date of birth
Idaho | | Place of birth
Idaho | |
| Name of child
Idaho | | Date of birth
Idaho | | Place of birth
Idaho | |
| Name of mother
Idaho | | Date of birth
Idaho | | Place of birth
Idaho | |
| Name of father
Idaho | | Date of birth
Idaho | | Place of birth
Idaho | |



W. W. Bedson
Joyce B. Tolis
Nov. 14 1962

DECLARATION: I hereby declare that no birth certificate has been issued in the Division of Vital Statistics for this child, and that no statement of birth has been received, which would indicate the fact of the birth of this child.

Signature of Registrar: _____
Signature of Mother: _____
Signature of Father: _____

532-103-037-718

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-62-839

| | | | | | | |
|--|---|-----------------------|------------------------------------|---|--|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
OSCAR ADOLPHUS ECKMAN, JUNIOR | | | 2. Date (month) (day) (year)
Of Birth January 3, 1895 | | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth
Owyhee | a. County
Delamar | | |
| FATHER | 6. Full Name of Father
Oscar Adolphus Eckman | | | 7. State or Country of Father's Birth
Maine | | |
| MOTHER | 8. Full Maiden Name of Mother
Nancy Payne | | | 9. State or Country of Mother's Birth
Idaho | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Oscar Eckman</i> | | 11. Present Address of Registrant
P.O. Box 335, Boron, Calif. |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Oct 11 1962</i> | | | 12. Signature of Notary
<i>J. W. Campbell</i> | | 13. Notary Commission expires
8-28 1965 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|---|-------------------------------|--|--|---|--|
| SUPPORTING RECORD 1- | Type of Document
certified copy of own child's birth certificate | | By whom issued and signed
File #42-122, Nevada | | Date issued
June 27, 1962 | Date Orig. Entry
child born Jan. 18, 1942 |
| | Date of Birth
Age: 47 | Birth Place
Delamar, Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING RECORD 2- | Type of Document
Certified copy of marriage certificate | | By whom issued and signed
Norma Stark, Deputy County Recorder | | Date issued
June 29, 1962 | Date Orig. Entry
Dec. 7, 1940 |
| | Date of Birth
Age: 45 | Birth Place
-- | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING RECORD 3- | Type of Document
affidavit by mother | | By whom issued and signed
Nancy Eckman | | Date issued
Nov. 7, 1962 | Date Orig. Entry
--- |
| | Date of Birth
Jan. 3, 1895 | Birth Place
Delamar, Idaho | Full Name of Mother
Nancy Payne Eckman | | Name of Father
Oscar Adolphus Eckman | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---|---------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. Benson</i> | Evidence reviewed by
sm Shirley Miller | Date Filed
November 19, 1962 |

NOV 20 1962
MAY 20 1962

DELETED CERTIFICATE OF BIRTH
STATE OF CALIFORNIA

| | | | | | | | | |
|--|---|---|---|--|--|--|---|---|
| 1. Name of child at birth
JOHN WILLIAM BROWN | 2. Date of birth
January 3, 1942 | 3. Sex
Male | 4. Race
White | 5. Place of birth
Delaware | 6. Date of birth
January 3, 1942 | 7. Sex
Male | 8. Race
White | 9. Place of birth
Delaware |
| 10. Name of father
John William Brown | 11. Name of mother
John William Brown | 12. Signature of father
<i>[Signature]</i> | 13. Signature of mother
<i>[Signature]</i> | 14. Signature of registrar
<i>[Signature]</i> | 15. Date of registration
January 3, 1942 | 16. Name of registrar
John William Brown | 17. Title of registrar
John William Brown | 18. Address of registrar
John William Brown |



| | | | | | | | | |
|---|---|---|---|--|--|--|---|---|
| 19. Name of child at birth
JOHN WILLIAM BROWN | 20. Date of birth
January 3, 1942 | 21. Sex
Male | 22. Race
White | 23. Place of birth
Delaware | 24. Date of birth
January 3, 1942 | 25. Sex
Male | 26. Race
White | 27. Place of birth
Delaware |
| 28. Name of father
John William Brown | 29. Name of mother
John William Brown | 30. Signature of father
<i>[Signature]</i> | 31. Signature of mother
<i>[Signature]</i> | 32. Signature of registrar
<i>[Signature]</i> | 33. Date of registration
January 3, 1942 | 34. Name of registrar
John William Brown | 35. Title of registrar
John William Brown | 36. Address of registrar
John William Brown |

| | | | | | | | | |
|---|---|---|---|--|--|--|---|---|
| 37. Name of child at birth
JOHN WILLIAM BROWN | 38. Date of birth
January 3, 1942 | 39. Sex
Male | 40. Race
White | 41. Place of birth
Delaware | 42. Date of birth
January 3, 1942 | 43. Sex
Male | 44. Race
White | 45. Place of birth
Delaware |
| 46. Name of father
John William Brown | 47. Name of mother
John William Brown | 48. Signature of father
<i>[Signature]</i> | 49. Signature of mother
<i>[Signature]</i> | 50. Signature of registrar
<i>[Signature]</i> | 51. Date of registration
January 3, 1942 | 52. Name of registrar
John William Brown | 53. Title of registrar
John William Brown | 54. Address of registrar
John William Brown |

715-201-003-955

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No De-62-899

| | | | | | |
|--|---|-------------------------|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Rita Chrystal Panting | | | 2. Date (month) (day) (year)
Of Birth November 1, 1895 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Bannock now Caribou County | b. City or Town of Birth
Soda Springs | |
| FATHER | 6. Full Name of Father
Christopher Panting | | | 7. State or Country of Father's Birth
Gloucestershire, England | |
| MOTHER | 8. Full Maiden Name of Mother
Salina E. Reed | | | 9. State or Country of Mother's Birth
London, England | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Rita Chrystal Panting</i> | 11. Present Address of Registrant
Soda Springs, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
December 17 19 59 | | | 12. Signature of Notary
<i>[Signature]</i> | 13. Notary Commission expires
April 10 19 61 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|---|---|---|--|--|
| SUPPORTING
RECORD 1. | Type of Document (14 yrs. older)
Affidavit by midwife's daughter, Jessie Call Anderson Larsen | | By whom issued and signed
Dec 17-59 | Date issued
12-17-59 | Date Orig. Entry |
| | Date of Birth
Nov. 1, 1895 | Birth Place
Soda Springs, Idaho | Full Name of Mother
--- | Name of Father
--- | |
| SUPPORTING
RECORD 2. | Type of Document
certified copy of page from family Bible | | By whom issued and signed
L. Ray Davis, Clerk | Date issued
Dec 15, 1959 | Date Orig. Entry
obviously old |
| | Date of Birth
Nov. 1, 1895 | Birth Place
-- | Full Name of Mother
-- | Name of Father
-- | |
| SUPPORTING
RECORD 3. | Type of Document
Census Record | | By whom issued and signed
U. S. Bureau of the Census Washington, D.C. | Date issued
Dec. 5, 1962 | Date Orig. Entry
June 1, 1900 |
| | Date of Birth
Age: 4 | Birth Place
Idaho | Full Name of Mother
Lina Panting | Name of Father
Christopher Panting | |

QUALIFYING INFORMATION

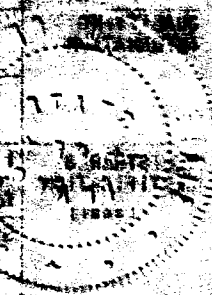
REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---|--|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. Benson</i> | Evidence reviewed by
nr sm Shirley Miller | Date Filed
December 11, 1962 |

STATE OF IOWA
BIRTH CERTIFICATE

DEC 11 1962

| | | | |
|---|--|---|--|
| 1. Registered with local health department
Date of registration: <u>November 1, 1962</u> | | 2. Date of birth: <u>November 1, 1962</u> | |
| 3. Name of child: <u>Christopher E. Reed</u> | | 4. Sex: <u>Male</u> | |
| 5. Date of birth: <u>November 1, 1962</u> | | 6. Place of birth: <u>London, England</u> | |
| 7. Name of mother: <u>Christina E. Reed</u> | | 8. Date of birth: <u>April 10, 1931</u> | |
| 9. Name of father: <u>Barack Howard Clinton</u> | | 10. Date of birth: <u>April 10, 1931</u> | |
| 11. Name of mother: <u>Christina E. Reed</u> | | 12. Date of birth: <u>April 10, 1931</u> | |
| 13. Name of father: <u>Barack Howard Clinton</u> | | 14. Date of birth: <u>April 10, 1931</u> | |
| 15. Name of mother: <u>Christina E. Reed</u> | | 16. Date of birth: <u>April 10, 1931</u> | |
| 17. Name of father: <u>Barack Howard Clinton</u> | | 18. Date of birth: <u>April 10, 1931</u> | |
| 19. Name of mother: <u>Christina E. Reed</u> | | 20. Date of birth: <u>April 10, 1931</u> | |
| 21. Name of father: <u>Barack Howard Clinton</u> | | 22. Date of birth: <u>April 10, 1931</u> | |
| 23. Name of mother: <u>Christina E. Reed</u> | | 24. Date of birth: <u>April 10, 1931</u> | |
| 25. Name of father: <u>Barack Howard Clinton</u> | | 26. Date of birth: <u>April 10, 1931</u> | |
| 27. Name of mother: <u>Christina E. Reed</u> | | 28. Date of birth: <u>April 10, 1931</u> | |
| 29. Name of father: <u>Barack Howard Clinton</u> | | 30. Date of birth: <u>April 10, 1931</u> | |
| 31. Name of mother: <u>Christina E. Reed</u> | | 32. Date of birth: <u>April 10, 1931</u> | |
| 33. Name of father: <u>Barack Howard Clinton</u> | | 34. Date of birth: <u>April 10, 1931</u> | |
| 35. Name of mother: <u>Christina E. Reed</u> | | 36. Date of birth: <u>April 10, 1931</u> | |
| 37. Name of father: <u>Barack Howard Clinton</u> | | 38. Date of birth: <u>April 10, 1931</u> | |
| 39. Name of mother: <u>Christina E. Reed</u> | | 40. Date of birth: <u>April 10, 1931</u> | |
| 41. Name of father: <u>Barack Howard Clinton</u> | | 42. Date of birth: <u>April 10, 1931</u> | |
| 43. Name of mother: <u>Christina E. Reed</u> | | 44. Date of birth: <u>April 10, 1931</u> | |
| 45. Name of father: <u>Barack Howard Clinton</u> | | 46. Date of birth: <u>April 10, 1931</u> | |
| 47. Name of mother: <u>Christina E. Reed</u> | | 48. Date of birth: <u>April 10, 1931</u> | |
| 49. Name of father: <u>Barack Howard Clinton</u> | | 50. Date of birth: <u>April 10, 1931</u> | |
| 51. Name of mother: <u>Christina E. Reed</u> | | 52. Date of birth: <u>April 10, 1931</u> | |
| 53. Name of father: <u>Barack Howard Clinton</u> | | 54. Date of birth: <u>April 10, 1931</u> | |
| 55. Name of mother: <u>Christina E. Reed</u> | | 56. Date of birth: <u>April 10, 1931</u> | |
| 57. Name of father: <u>Barack Howard Clinton</u> | | 58. Date of birth: <u>April 10, 1931</u> | |
| 59. Name of mother: <u>Christina E. Reed</u> | | 60. Date of birth: <u>April 10, 1931</u> | |
| 61. Name of father: <u>Barack Howard Clinton</u> | | 62. Date of birth: <u>April 10, 1931</u> | |
| 63. Name of mother: <u>Christina E. Reed</u> | | 64. Date of birth: <u>April 10, 1931</u> | |
| 65. Name of father: <u>Barack Howard Clinton</u> | | 66. Date of birth: <u>April 10, 1931</u> | |
| 67. Name of mother: <u>Christina E. Reed</u> | | 68. Date of birth: <u>April 10, 1931</u> | |
| 69. Name of father: <u>Barack Howard Clinton</u> | | 70. Date of birth: <u>April 10, 1931</u> | |
| 71. Name of mother: <u>Christina E. Reed</u> | | 72. Date of birth: <u>April 10, 1931</u> | |
| 73. Name of father: <u>Barack Howard Clinton</u> | | 74. Date of birth: <u>April 10, 1931</u> | |
| 75. Name of mother: <u>Christina E. Reed</u> | | 76. Date of birth: <u>April 10, 1931</u> | |
| 77. Name of father: <u>Barack Howard Clinton</u> | | 78. Date of birth: <u>April 10, 1931</u> | |
| 79. Name of mother: <u>Christina E. Reed</u> | | 80. Date of birth: <u>April 10, 1931</u> | |
| 81. Name of father: <u>Barack Howard Clinton</u> | | 82. Date of birth: <u>April 10, 1931</u> | |
| 83. Name of mother: <u>Christina E. Reed</u> | | 84. Date of birth: <u>April 10, 1931</u> | |
| 85. Name of father: <u>Barack Howard Clinton</u> | | 86. Date of birth: <u>April 10, 1931</u> | |
| 87. Name of mother: <u>Christina E. Reed</u> | | 88. Date of birth: <u>April 10, 1931</u> | |
| 89. Name of father: <u>Barack Howard Clinton</u> | | 90. Date of birth: <u>April 10, 1931</u> | |
| 91. Name of mother: <u>Christina E. Reed</u> | | 92. Date of birth: <u>April 10, 1931</u> | |
| 93. Name of father: <u>Barack Howard Clinton</u> | | 94. Date of birth: <u>April 10, 1931</u> | |
| 95. Name of mother: <u>Christina E. Reed</u> | | 96. Date of birth: <u>April 10, 1931</u> | |
| 97. Name of father: <u>Barack Howard Clinton</u> | | 98. Date of birth: <u>April 10, 1931</u> | |
| 99. Name of mother: <u>Christina E. Reed</u> | | 100. Date of birth: <u>April 10, 1931</u> | |



I hereby certify that the foregoing is a true and correct copy of the original birth record as the same appears in the files of the State of Iowa, Department of Health, and that no other person has been born in the State of Iowa on the date and at the place stated above.

Witness my hand and the seal of the State of Iowa, Department of Health, this 11th day of December, 1962.

249-214-001-683

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-63-075

| | | | | | | |
|---|---|--------------------|---|--|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Oreta May Smith | | | | 2. Date (month) (day) (year)
Of Birth January 14 1895 | |
| | 3. Color or Race
White | 4. Sex
F | 5. Place of Birth a. County
Ada | | b. City or Town of Birth
Boise | |
| FATHER | 6. Full Name of Father
James Richard Smith | | | | 7. State or Country of Father's Birth
Joplin, Missouri | |
| MOTHER | 8. Full Maiden Name of Mother
Ida May Wylie | | | | 9. State or Country of Mother's Birth
Boise, Idaho | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Oreta May Smith</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on December 18 1962 | | | | 11. Present Address of Registrant
2400 Lakeside Pl. Bend, Ore. | |
| | | | | | 12. Signature of Notary
<i>William Benson</i> | |
| | | | | | 13. Notary Commission expires
April 30 1966 | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-----------------------------|---|---|--|--|--|---|
| SUPPORTING RECORD 1. | Type of Document statement regarding school record. Central School; Independent School District of Boise City | | By whom issued and signed
I. C. Bird, Superintendent | | Date issued
Dec. 21, 1962 | Date Orig. Entry
1903-1904 |
| | Date of Birth
Age: 8 | Birth Place
----- | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 2. | Type of Document
affidavit by uncle; born 1869 | | By whom issued and signed
William Smith | | Date issued
Dec. 24, 1962 | Date Orig. Entry
--- |
| | Date of Birth
Jan. 14, 1895 | Birth Place
Ada County
Boise, Idaho | Full Name of Mother
Ida May Wylie | | Name of Father
James Richard Smith | |
| SUPPORTING RECORD 3. | Type of Document
statement regarding church records. Trinity Church-Episcopal | | By whom issued and signed
LeE. Kempton, Clergyman | | Date issued
Oct. 24, 1962 | Date Orig. Entry
Mar. 5, 1939 |
| | Date of Birth
Jan. 14, 1895 | Birth Place
Boise, Idaho | Full Name of Mother
Ida May Olcott | | Name of Father
James R. Smith | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. Benson

Evidence reviewed by

Shirley Miller

Date Filed

January 31, 1963

DELAIED CERTIFICATE OF BIRTH

STATE OF MISSOURI

JAN 31 1900

| | | | | | |
|----------------------|--------|------------------|-------------------|-------------------|-------------------|
| 1. Name of child | 2. Sex | 3. Date of birth | 4. Place of birth | 5. Name of mother | 6. Name of father |
| Alma Smith | Female | January 14, 1899 | St. Louis, Mo. | Alma Smith | John Smith |
| 7. Name of physician | | | | | |
| 8. Name of registrar | | | | | |
| 9. Name of hospital | | | | | |
| 10. Name of city | | | | | |
| 11. Name of county | | | | | |
| 12. Name of state | | | | | |
| 13. Name of country | | | | | |
| 14. Name of hospital | | | | | |
| 15. Name of city | | | | | |
| 16. Name of county | | | | | |
| 17. Name of state | | | | | |
| 18. Name of country | | | | | |

| | | | | |
|----------------------|------------------|--------------------|-------------------|---------------------|
| 19. Name of hospital | 20. Name of city | 21. Name of county | 22. Name of state | 23. Name of country |
| St. Louis | St. Louis | St. Louis | Missouri | United States |
| 24. Name of hospital | | | | |
| 25. Name of city | | | | |
| 26. Name of county | | | | |
| 27. Name of state | | | | |
| 28. Name of country | | | | |

| | | | | |
|----------------------|------------------|--------------------|-------------------|---------------------|
| 29. Name of hospital | 30. Name of city | 31. Name of county | 32. Name of state | 33. Name of country |
| St. Louis | St. Louis | St. Louis | Missouri | United States |
| 34. Name of hospital | | | | |
| 35. Name of city | | | | |
| 36. Name of county | | | | |
| 37. Name of state | | | | |
| 38. Name of country | | | | |

| | | | | |
|----------------------|------------------|--------------------|-------------------|---------------------|
| 39. Name of hospital | 40. Name of city | 41. Name of county | 42. Name of state | 43. Name of country |
| St. Louis | St. Louis | St. Louis | Missouri | United States |
| 44. Name of hospital | | | | |
| 45. Name of city | | | | |
| 46. Name of county | | | | |
| 47. Name of state | | | | |
| 48. Name of country | | | | |



612-106-028-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De64-050

| | | | | | | | |
|--|---|-----------------------|---|--|--|--|---|
| REGISTRANT
(Person whose
birth is being
registered) | 1. Registrant's Full Name at Birth
Sydney Augustine Oakland | | | | 2. Date (month) (day) (year)
Of Birth Aug. 6 1895 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
State Line, Idaho | | b. City or Town of Birth
State Line, Idaho | | |
| FATHER | 6. Full Name of Father
August Olaf Oakland | | | | 7. State or Country of Father's Birth
Sweden | | |
| MOTHER | 8. Full Maiden Name of Mother
Grace Christine Nelson | | | | 9. State or Country of Mother's Birth
Sweden | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Sydney Augustine Oakland</i> | | 11. Present Address of Registrant
1623-11th Ave. Lewiston, Idaho. |
| NOTARY (Seal) | Subscribed and sworn to before me on
November 23 1963 | | | | 12. Signature of Notary
<i>Merle M. [unclear]</i> | | 13. Notary Commission expires
Feb. 12 1966 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|---|--|--|---|---|
| SUPPORTING
RECORD 1- | Type of Document
Own child's birth certificate | | By whom issued and signed
Idaho State File #119750 | | Date issued
---- | Date Orig. Entry
child born
Jan. 4, 1924 |
| | Date of Birth
Age: 28 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 2- | Type of Document
Affidavit by sister; Age: 81 | | By whom issued and signed
Effie Elsed Anderson | | Date issued
November 23, 1963 | Date Orig. Entry
1963 |
| | Date of Birth
Aug. 6, 1895 | Birth Place
State Line, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3- | Type of Document
Statement regarding School Census - School Dist. #22 | | By whom issued and signed
Kootenai County Recorder Arleda Jakopson, Deputy | | Date issued
Jan 13, 1964 | Date Orig. Entry
Sept 1, 1903 |
| | Date of Birth
Age 8 | Birth Place
----- | Full Name of Mother
----- | | Name of Father
----- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|--|-----------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
W. W. Benson | Evidence reviewed by
sm Joyce B. Foltz | Date Filed
Jan 27, 1964 |

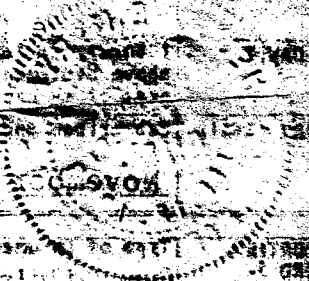
JAN 27 1964

DELAID CERTIFICATE OF BIRTH
STATE OF IDAHO

Callahan

000-000

| | | | |
|--|--|--|--|
| FATHER
Name: <i>Callahan</i>
Place of Birth: <i>Sweden</i>
Date of Birth: <i>Aug. 3, 1892</i> | | MOTHER
Name: <i>Callahan</i>
Place of Birth: <i>Sweden</i>
Date of Birth: <i>Aug. 3, 1892</i> | |
| Child's Name: <i>Callahan</i>
Sex: <i>Male</i>
Date of Birth: <i>Nov. 23, 1963</i>
Place of Birth: <i>Idaho</i> | | Child's Name: <i>Callahan</i>
Sex: <i>Female</i>
Date of Birth: <i>Nov. 23, 1963</i>
Place of Birth: <i>Idaho</i> | |



| | | | |
|--|--|--|--|
| Child's Name: <i>Callahan</i>
Sex: <i>Male</i>
Date of Birth: <i>Nov. 23, 1963</i>
Place of Birth: <i>Idaho</i> | | Child's Name: <i>Callahan</i>
Sex: <i>Female</i>
Date of Birth: <i>Nov. 23, 1963</i>
Place of Birth: <i>Idaho</i> | |
| Child's Name: <i>Callahan</i>
Sex: <i>Male</i>
Date of Birth: <i>Nov. 23, 1963</i>
Place of Birth: <i>Idaho</i> | | Child's Name: <i>Callahan</i>
Sex: <i>Female</i>
Date of Birth: <i>Nov. 23, 1963</i>
Place of Birth: <i>Idaho</i> | |

| | | | |
|--|--|--|--|
| Child's Name: <i>Callahan</i>
Sex: <i>Male</i>
Date of Birth: <i>Nov. 23, 1963</i>
Place of Birth: <i>Idaho</i> | | Child's Name: <i>Callahan</i>
Sex: <i>Female</i>
Date of Birth: <i>Nov. 23, 1963</i>
Place of Birth: <i>Idaho</i> | |
| Child's Name: <i>Callahan</i>
Sex: <i>Male</i>
Date of Birth: <i>Nov. 23, 1963</i>
Place of Birth: <i>Idaho</i> | | Child's Name: <i>Callahan</i>
Sex: <i>Female</i>
Date of Birth: <i>Nov. 23, 1963</i>
Place of Birth: <i>Idaho</i> | |

684-201-035-663

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-64-111

| | | | | | | |
|--|--|--|--|-------------------------------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Rena May Wyman | | | | 2. Date (month) (day) (year)
Of Birth January 1 1895 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Idaho | a. County
Nez Perce | b. City or Town of Birth
Kendrick | |
| FATHER | 6. Full Name of Father
Stephen Albert Wyman | | | | 7. State or Country of Father's Birth
Illinois | |
| MOTHER | 8. Full Maiden Name of Mother
Avy Tockaway Wolf | | | | 9. State or Country of Mother's Birth
Texas | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Rena May Burns</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>2nd January 1964</i> | | | | 11. Present Address of Registrant
<i>Box 41 Cammangay, Alberta</i> | |
| | | | | | 12. Signature of Notary
<i>D. J. Long</i> | |
| | | | | | 13. Notary Commission expires
<i>Burns's 5 years
Plenum 7 years - Jan 7 19</i> | |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING
RECORD 1- | Type of Document
Affidavit by mother | | By whom issued and signed
Avy Tockaway Wyman | | Date issued
December 17, 1928 | Date Orig. Entry |
| | Date of Birth
Jan. 1, 1895 | Birth Place
Nez Perce County
Kendrick, Idaho | Full Name of Mother
Avy Tockaway Wyman | | Name of Father
----- | |
| SUPPORTING
RECORD 2- | Type of Document
Certificate of Marriage | | By whom issued and signed
Dept. of Health, Alberta, Canada | | Date issued
Nov. 21, 1963 | Date Orig. Entry
Aug. 24, 1911 |
| | Date of Birth
Age: 16 | Birth Place
Idaho, U.S.A. | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3- | Type of Document
Family Bible | | By whom issued and signed
Family Bible | | Date issued
obviously old | Date Orig. Entry |
| | Date of Birth
Jan. 1, 1895 | Birth Place
Nez Perce Co., Idaho | Full Name of Mother
Avy T. Wyman | | Name of Father
Steven A. Wyman | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
SM
SM Shirley Miller | | | Date Filed
February 19, 1964 |

STATE OF IDAHO
COUNTY OF BLAINE

| | | | |
|--|--|--|--|
| 1. Name of the person or organization to whom the report is made | | 2. Date of report | |
| 3. Name of the person or organization making the report | | 4. Title of report | |
| 5. Summary of the report | | 6. Details of the report | |
| 7. Conclusion of the report | | 8. Recommendations of the report | |
| 9. Signature of the person making the report | | 10. Signature of the person receiving the report | |
| 11. Date of signature | | 12. Date of signature | |

[illegible][illegible]

96213-035-859

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-337

| | | | | | | |
|--|---|------------------|---|--|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Eleanor Alice Robinson | | | | 2. Date (month) (day) (year)
December 13, 1895 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
a. County
Nez Perce | b. City or Town of Birth
Lewiston | | |
| FATHER | 6. Full Name of Father
John Robinson | | | | 7. State or Country of Father's Birth
England | |
| MOTHER | 8. Full Maiden Name of Mother
Minnie Heiney | | | | 9. State or Country of Mother's Birth
United States | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Eleanor Alice Robinson</i> | | 11. Present Address of Registrant
1515 13th Avenue
Lewiston, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>April 13</i> 19 <i>64</i> | | | 12. Signature of Notary
<i>Eleanor M. Patterson</i> | | 13. Notary Commission expires
2-6-68 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

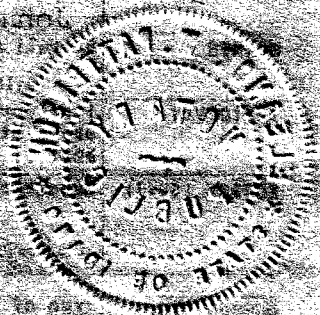
| | | | | | | |
|-------------------------------------|--|--------------------------------|--|--|---------------------------------|---|
| SUPPORTING RECORD 1. | Type of Document
Certified copy of own child's birth certificate | | By whom issued and signed
Idaho State File # 53441 | | Date issued
Aug. 20, 1946 | Date Orig. Entry
child born
Oct. 23, 1917 |
| | Date of Birth
Age: 21 | Birth Place
Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING RECORD 2. | Type of Document
Notorized photocopy of Bible page | | By whom issued and signed
Paul C. Keeton, Notary Public | | Date issued
April 23, 1964 | Date Orig. Entry
Obviously old |
| | Date of Birth
Dec. 13, 1895 | Birth Place
--- | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING RECORD 3. | Type of Document
Affidavit by neighbor at Age 83 time of birth | | By whom issued and signed
Lottie Schattner Kling Fitze | | Date issued
April 28, 1964 | Date Orig. Entry
--- |
| | Date of Birth
Dec. 13, 1895 | Birth Place
Lewiston, Idaho | Full Name of Mother
Minnie Robinson | | Name of Father
John Robinson | |
| QUALIFYING INFORMATION | Statement regarding school record issued by Andrew L. Smith, Superintendent on March 17, 1964. Information put on record September 5, 1903. Age at that time: 7 years. | | | | | |
| | Census record of April 15, 1910 issued April 7, 1964. Age given as 14; place of birth as Idaho and parents' names as John and Alice Robinson. (Stepmother) | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
gml Glenda M. Larson | | | Date Filed
May 6, 1964 |

5-6-64 (K)

1000

Hector, Athy.

MAY 12 1964



| | | |
|--|--|---|
| <p>1. The first of these is the fact that the majority of the population of the United States is of European descent. This is a fact which has been recognized by the government and the people of the United States for many years.</p> | <p>2. The second of these is the fact that the majority of the population of the United States is of European descent. This is a fact which has been recognized by the government and the people of the United States for many years.</p> | <p>3. The third of these is the fact that the majority of the population of the United States is of European descent. This is a fact which has been recognized by the government and the people of the United States for many years.</p> |
| <p>4. The fourth of these is the fact that the majority of the population of the United States is of European descent. This is a fact which has been recognized by the government and the people of the United States for many years.</p> | <p>5. The fifth of these is the fact that the majority of the population of the United States is of European descent. This is a fact which has been recognized by the government and the people of the United States for many years.</p> | <p>6. The sixth of these is the fact that the majority of the population of the United States is of European descent. This is a fact which has been recognized by the government and the people of the United States for many years.</p> |
| <p>7. The seventh of these is the fact that the majority of the population of the United States is of European descent. This is a fact which has been recognized by the government and the people of the United States for many years.</p> | <p>8. The eighth of these is the fact that the majority of the population of the United States is of European descent. This is a fact which has been recognized by the government and the people of the United States for many years.</p> | <p>9. The ninth of these is the fact that the majority of the population of the United States is of European descent. This is a fact which has been recognized by the government and the people of the United States for many years.</p> |
| <p>10. The tenth of these is the fact that the majority of the population of the United States is of European descent. This is a fact which has been recognized by the government and the people of the United States for many years.</p> | <p>11. The eleventh of these is the fact that the majority of the population of the United States is of European descent. This is a fact which has been recognized by the government and the people of the United States for many years.</p> | <p>12. The twelfth of these is the fact that the majority of the population of the United States is of European descent. This is a fact which has been recognized by the government and the people of the United States for many years.</p> |

295-128-001-217

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 64-468

| | | | | |
|---|---|-----------------------|---|-------------------------|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Clarence E. Breshears | | 2. Date (month) (day) (year)
Of Birth July 28 1895 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Eagle, Idaho | a. County
Ada |
| FATHER | 6. Full Name of Father
Joseph H. Breshears | | 7. State or Country of Father's Birth
Missouri | |
| MOTHER | 8. Full Maiden Name of Mother
Anna V. Saxton | | 9. State or Country of Mother's Birth
Michigan, Kalamazoo | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant
<i>Clarence E. Breshears</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>June 26 1964</i> | | 11. Present Address of Registrant
<i>6126 State S.T. - Boise</i> | |
| | 12. Signature of Notary
<i>Hazel L. Hurlbert</i> | | 13. Notary Commission expires
<i>Sept 28 1964</i> | |

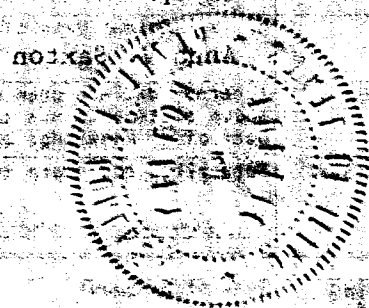
APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-----------------------------|--|------------------------------------|--|--|--|
| SUPPORTING RECORD 1- | Type of Document
Affidavit by Aunt | age 78yrs | By whom issued and signed
Minnie Ann Breshears Eytchison | Date issued
June 28 1964 | Date Orig. Entry
----- |
| | Date of Birth
July 28 1895 | Birth Place
Eagle, Idaho | Full Name of Mother
Anna V. Saxton Breshears | Name of Father
Joseph H. Breshears | |
| SUPPORTING RECORD 2- | Type of Document
Northwestern Mutual Life Insurance Police | | By whom issued and signed
W. T. Broche, Registrar | Date issued
May 12 1943 | Date Orig. Entry
May 12 1943 |
| | Date of Birth
July 28 1895 | Birth Place
Eagle, Idaho | Full Name of Mother
----- | Name of Father
----- | |
| SUPPORTING RECORD 3- | Type of Document
childs own birth certificate | | By whom issued and signed
on file with State of Idaho # 332492 | Date issued
----- | Date Orig. Entry
child born Sept. 29, 1923 |
| | Date of Birth
Age 28 | Birth Place
Eagle, Idaho | Full Name of Mother
----- | Name of Father
----- | |

QUALIFYING INFORMATION

| | | | |
|--|--|---|------------------------------------|
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
Florence Curtright | Date Filed
June 29, 1964 |

JUN 29 1964



Clarence E. Freshwater

Idaho

Joseph H. Freshwater

Saxton

July 1963

Idaho

Missouri

Michigan, Kalamazoo

Age 70 yrs

Affidavit by Agent

Minnie Ann Freshwater, Esq.

June 20

Joseph H. Freshwater

Anna V. Saxton Freshwater

Idaho, Eagle

1963

Northwestern Mutual Life

Insurance Police

W. T. Broche, Registrar

July 28

Eagle, Idaho

of his own birth certificate

on file with State of Idaho

Eagle, Idaho

Age 28

June 20, 1964

Pierson Outright

W. M. Benson

315-208-044-955 DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-089

| | | | | |
|---|--|--|--|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<i>Pearl Lansdon</i> | | 2. Date of Birth (month) (day) (year)
April 8 1895 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Washington | 6. City or Town of Birth
Weiser, Idaho |
| FATHER | 6. Full Name of Father
Lafayette Lansdon | | 7. State or Country of Father's Birth
<i>Kentucky</i> | |
| MOTHER | 8. Full Maiden Name of Mother
Lucinda Elizabeth Ivers | | 9. State or Country of Mother's Birth
<i>Indiana</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant
<i>Pearl Lansdon</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>February 19 1965</i> | | 11. Present Address of Registrant
<i>1780 Front Rd. La. Ballant</i> | |
| | 12. Signature of Notary
<i>LOUIS PAJOT, COMMISSIONER</i>
My Commission Expires Sep. 28, 1967 | | 13. Notary Commission expires
<i>LOUIS PAJOT, COMMISSIONER</i>
My Commission Expires Sep. 28, 1967 | |
| SUPPORTING RECORD 1. | Type of Document
Certified copy of Own child's birth certificate | | By whom issued and signed
Detroit, Michigan, C. P. Anderson, registrar | |
| | Date of Birth
Age: 30 | Birth Place
Idaho | Full Name of Mother
Name of Father | |
| SUPPORTING RECORD 2. | Type of Document
Certificate of Baptism | | By whom issued and signed
St. John's Cathedral, Boise, Idaho | |
| | Date of Birth
April 8, 1895 | Birth Place
----- | Full Name of Mother
Lucinda Elizabeth Ivers | |
| SUPPORTING RECORD 3. | Type of Document
Affidavit by first cousin | | By whom issued and signed
Minnie Ivers Fegtly | |
| | Date of Birth
April 8, 1895 | Birth Place
Mann Creek, Post Office-Weiser, Idaho | Full Name of Mother
Lucinda Elizabeth Ivers Lansdon | |
| QUALIFYING INFORMATION | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar
<i>W. Benson</i> | | Evidence reviewed by
gml Glenda Larson | |
| | | Date Filed
Feb. 3, 1965 | | |

FEB 3 1965

819-204-029-795

STATE-BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-139

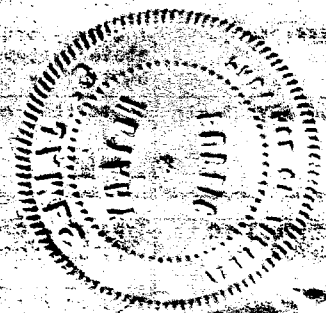
| | | | | |
|---|---|------------------|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Grace Olga Harris | | 2. Date (month) (day) (year)
Of Birth February 4 1895 | |
| FATHER | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Latah b. City or Town of Birth
Troy, Idaho | |
| MOTHER | 6. Full Name of Father
Oliver Clempson Harris | | 7. State or Country of Father's Birth
Ohio | |
| | 8. Full Maiden Name of Mother
Alice Josephine Green | | 9. State or Country of Mother's Birth
Kansas | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant
Grace Sorensen | |
| NOTARY (Seal) | Subscribed and sworn to before me on
Dec. 7 1964 | | 11. Present Address of Registrant
Killam Alberta | |
| | | | 12. Signature of Notary
[Signature] | |
| | | | 13. Notary Commission expires
Dec. 31 1964 | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | |
|--|--|--|--|------------------------------------|
| SUPPORTING RECORD 1. | Type of Document
Certificate of Marriage | By whom issued and signed
Vital Statistics, Edmonton
Province of Alberta, Canada | Date issued
Nov. 23, 1964 | Date Orig. Entry
Oct. 10, 1915 |
| | Date of Birth
Age: 20 | Birth Place
Idaho, U.S.A. | Full Name of Mother
----- | Name of Father
----- |
| SUPPORTING RECORD 2. | Type of Document
notarized photocopy of Family Record | By whom issued and signed
Family Records, S. James
Notary, Killam, Alberta, Can. | Date issued
Dec. 7, 1964 | Date Orig. Entry
obviously old |
| | Date of Birth
Feb. 4, 1895 | Birth Place
----- | Full Name of Mother
Alice J. Harris | Name of Father
Oliver C. Harris |
| SUPPORTING RECORD 3. | Type of Document
Federal Census Record | By whom issued and signed
U.S. Department of Commerce
Bureau of the Census | Date issued
Feb. 5, 1965 | Date Orig. Entry
June 1, 1900 |
| | Date of Birth
Feb. 1895 | Birth Place
Idaho | Full Name of Mother
Alase J. Harris | Name of Father
Oliver C. Harris |
| QUALIFYING INFORMATION | A certified copy of her own child's birth certificate issued by Vital Statistics Alberta, Canada gives the mother's place of birth as Troy, Idaho. The child was born August 25, 1916. record #14928. | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
gml Glenda Larson | Date Filed
March 1, 1965 | |

MAR 1 1965

Sorensen



Handwritten signature or initials.

916-121-036-957

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-161

| | | | | | | |
|---|---|-----------------------|--------------------------------------|----------------------------|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
MERLIN RAWLINGS | | | | 2. Date (month) (day) (year)
Of Birth SEPT. 21 1895 | |
| | 3. Color or Race
White | 4. Sex
MALE | 5. Place of Birth
FAIRVIEW | a. County
Oneida | b. City or Town of Birth
FAIRVIEW | |
| FATHER | 6. Full Name of Father
ETHER RAWLINGS | | | | 7. State or Country of Father's Birth
BURBAGE, WILTS. ENGLAND | |
| MOTHER | 8. Full Maiden Name of Mother
LORETTA JANE INGLET | | | | 9. State or Country of Mother's Birth
HYDE PARK, UTAH | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Merlin Rawlings</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>March 30 1964</i> | | | | 11. Present Address of Registrant
<i>Preston, Idaho</i> | |
| | 12. Signature of Notary
<i>Glenda Smith</i> | | | | 13. Notary Commission expires
<i>April 5 1964</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-----------------------------|--|---|---|--|----------------------------------|--|
| SUPPORTING RECORD 1- | Type of Document
Affidavit by cousin | | By whom issued and signed
James R. Rawlings
(ten years older) | | Date issued
Feb. 18, 1965 | Date Orig. Entry
----- |
| | Date of Birth
Sept. 21, 1895 | Birth Place
Fairview, Idaho
Oneida County | Full Name of Mother
Loretta Jane Inglet | | Name of Father
Ether Rawlings | |
| SUPPORTING RECORD 2- | Type of Document
photocopy of application for insurance policy #16466 | | By whom issued and signed
Idaho Mutual Benefit Association, Boise, Idaho | | Date issued
Apr. 28, 1936 | Date Orig. Entry
Apr. 25, 1936 |
| | Date of Birth
Sep. 21, 1895 | Birth Place
Fairview, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 3- | Type of Document
Own child's birth certificate | | By whom issued and signed
On file Idaho #92399 | | Date issued
----- | Date Orig. Entry
child born
July 5, 1921 |
| | Date of Birth
Age 25 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | |

QUALIFYING INFORMATION

| | | | |
|--|--|---------------------------------------|-----------------------------|
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. Benson</i> | Evidence reviewed by
Glenda Larson | Date Filed
March 9, 1965 |

3-9-65

MAR 9 1965

Rawlings

[Faint, mostly illegible text from a document, possibly a letter or report, with some handwritten notes and markings.]

[Handwritten signature or initials at the bottom right:] *March 9*

239-228-039-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 65-452

| | | | | | |
|---|--|---------------------------------------|--|---|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Fay Stredder | | | 2. Date (month) (day) (year)
Of Birth Sept. 28 1895 | |
| FATHER | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Power | b. City or Town of Birth
Rockland | |
| MOTHER | 6. Full Name of Father
John Smith Stredder | | | 7. State or Country of Father's Birth
England | |
| AFFIDAVIT | 8. Full Maiden Name of Mother
Emma Ann Taysome | | | 9. State or Country of Mother's Birth
Utah | |
| NOTARY (Seal) | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Faye Eving</i> | |
| | 11. Present Address of Registrant
<i>1426 Jewelwood St.</i> | | | 12. Signature of Notary
<i>Hazel L. Hurlbert</i> | |
| | 13. Notary Commission expires
<i>Sept 28 1968</i> | | | | |
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
| SUPPORTING RECORD 1- | Type of Document
Affidavit by Sister Age 84 | | By whom issued and signed
Laura Watts | | Date Issued
July 12 1965 |
| | Date of Birth
Sept. 28 1895 | Birth Place
Rockland, Idaho | Full Name of Mother
Emma Ann Taysome | | Name of Father
John Smith Stredder |
| SUPPORTING RECORD 2- | Type of Document
Certified copy of Bible Record | | By whom issued and signed
Notorized June 2, 1965 | | Date Issued
June 2 1965 |
| | Date of Birth
Sept. 28 1895 | Birth Place
Rockland, Idaho | Full Name of Mother
Emma Ann Taysome | | Date Orig. Entry
Original obviously old |
| SUPPORTING RECORD 3- | Type of Document
Copy of original application for S. S. | | By whom issued and signed
Social Security Adm. J. L. Fay, Director | | Date Issued
June 11 1965 |
| | Date of Birth
Sept. 28 1895 | Birth Place
Rockland, Ida. | Full Name of Mother
Emma Ann Taysome | | Date Orig. Entry
Sept. 16, 1947 |
| QUALIFYING INFORMATION | Name of Father
John Smith Stredder | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
Florence Curtwright | | Date Filed
July 12, 1965 |

2000 30 40 50

SECRET

5-11-52

1955-1957

Doc 1539

301545

4639

John with Strider

SECRET AND SENSITIVE

100

21011 21011

1933 1934 1935 1936 1937 1938 1939 1940 1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959 1960 1961 1962 1963 1964 1965 1966 1967 1968 1969 1970 1971 1972 1973 1974 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040 2041 2042 2043 2044 2045 2046 2047 2048 2049 2050 2051 2052 2053 2054 2055 2056 2057 2058 2059 2060 2061 2062 2063 2064 2065 2066 2067 2068 2069 2070 2071 2072 2073 2074 2075 2076 2077 2078 2079 2080 2081 2082 2083 2084 2085 2086 2087 2088 2089 2090 2091 2092 2093 2094 2095 2096 2097 2098 2099 2100 2101 2102 2103 2104 2105 2106 2107 2108 2109 2110 2111 2112 2113 2114 2115 2116 2117 2118 2119 2120 2121 2122 2123 2124 2125 2126 2127 2128 2129 2130 2131 2132 2133 2134 2135 2136 2137 2138 2139 2140 2141 2142 2143 2144 2145 2146 2147 2148 2149 2150 2151 2152 2153 2154 2155 2156 2157 2158 2159 2160 2161 2162 2163 2164 2165 2166 2167 2168 2169 2170 2171 2172 2173 2174 2175 2176 2177 2178 2179 2180 2181 2182 2183 2184 2185 2186 2187 2188 2189 2190 2191 2192 2193 2194 2195 2196 2197 2198 2199 2200 2201 2202 2203 2204 2205 2206 2207 2208 2209 2210 2211 2212 2213 2214 2215 2216 2217 2218 2219 2220 2221 2222 2223 2224 2225 2226 2227 2228 2229 2230 2231 2232 2233 2234 2235 2236 2237 2238 2239 2240 2241 2242 2243 2244 2245 2246 2247 2248 2249 2250 2251 2252 2253 2254 2255 2256 2257 2258 2259 2260 2261 2262 2263 2264 2265 2266 2267 2268 2269 2270 2271 2272 2273 2274 2275 2276 2277 2278 2279 2280 2281 2282 2283 2284 2285 2286 2287 2288 2289 2290 2291 2292 2293 2294 2295 2296 2297 2298 2299 2300 2301 2302 2303 2304 2305 2306 2307 2308 2309 2310 2311 2312 2313 2314 2315 2316 2317 2318 2319 2320 2321 2322 2323 2324 2325 2326 2327 2328 2329 2330 2331 2332 2333 2334 2335 2336 2337 2338 2339 2340 2341 2342 2343 2344 2345 2346 2347 2348 2349 2350 2351 2352 2353 2354 2355 2356 2357 2358 2359 2360 2361 2362 2363 2364 2365 2366 2367 2368 2369 2370 2371 2372 2373 2374 2375 2376 2377 2378 2379 2380 2381 2382 2383 2384 2385 2386 2387 2388 2389 2390 2391 2392 2393 2394 2395 2396 2397 2398 2399 2400 2401 2402 2403 2404 2405 2406 2407 2408 2409 2410 2411 2412 2413 2414 2415 2416 2417 2418 2419 2420 2421 2422 2423 2424 2425 2426 2427 2428 2429 2430 2431 2432 2433 2434 2435 2436 2437 2438 2439 2440 2441 2442 2443 2444 2445 2446 2447 2448 2449 2450 2451 2452 2453 2454 2455 2456 2457 2458 2459 2460 2461 2462 2463 2464 2465 2466 2467 2468 2469 2470 2471 2472 2473 2474 2475 2476 2477 2478 2479 2480 2481 2482 2483 2484 2485 2486 2487 2488 2489 2490 2491 2492 2493 2494 2495 2496 2497 2498 2499 2500 2501 2502 2503 2504 2505 2506 2507 2508 2509 2510 2511 2512 2513 2514 2515 2516 2517 2518 2519 2520 2521 2522 2523 2524 2525 2526 2527 2528 2529 2530 2531 2532 2533 2534 2535 2536 2537 2538 2539 2540 2541 2542 2543 2544 2545 2546 2547 2548 2549 2550 2551 2552 2553 2554 2555 2556 2557 2558 2559 2560 2561 2562 2563 2564 2565 2566 2567 2568 2569 2570 2571 2572 2573 2574 2575 2576 2577 2578 2579 2580 2581 2582 2583 2584 2585 2586 2587 2588 2589 2590 2591 2592 2593 2594 2595 2596 2597 2598 2599 2600 2601 2602 2603 2604 2605 2606 2607 2608 2609 2610 2611 2612 2613 2614 2615 2616 2617 2618 2619 2620 2621 2622 2623 2624 2625 2626 2627 2628 2629 2630 2631 2632 2633 2634 2635 2636 2637 2638 2639 2640 2641 2642 2643 2644 2645 2646 2647 2648 2649 2650 2651 2652 2653 2654 2655 2656 2657 2658 2659 2660 2661 2662 2663 2664 2665 2666 2667 2668 2669 2670 2671 2672 2673 2674 2675 2676 2677 2678 2679 2680 2681 2682 2683 2684 2685 2686 2687 2688 2689 2690 2691 2692 2693 2694 2695 2696 2697 2698 2699 2700 2701 2702 2703 2704 2705 2706 2707 2708 2709 2710 2711 2712 2713 2714 2715 2716 2717 2718 2719 2720 2721 2722 2723 2724 2725 2726 2727 2728 2729 2730 2731 2732 2733 2734 2735 2736 2737 2738 2739 2740 2741 2742 2743 2744 2745 2746 2747 2748 2749 2750 2751

Johnnie Williams

0432 01 044 0000

on the basis of the following information:

Card 145 copy of Bill

1001 2nd Street

John Smith, Editor

SECRET AT/ ONE

Doc # 6-08403

Isaiah 40:3

J. L. Fay, Director

... not ...

146641 - 146642 - 146643

~~SECRET~~ ~~NOFORN~~

CONFIDENTIAL

July 15, 1965

NO-1131 0.0

018095

165-206-036-141

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 65-453

| | | | | | | | |
|--|---|-------------------------|--|--|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
MARY MYRTLE JONES. ONEIDA | | | | 2. Date (month) (day) (year)
Of Birth OCT 6 1895 | | |
| | 3. Color or Race
WHITE | 4. Sex
FEMALE | 5. Place of Birth a. County
MALAD, IDA, ONEIDA | | b. City or Town of Birth
MALAD. | | |
| FATHER | 6. Full Name of Father
JOHN ASAHEL JONES | | | | 7. State or Country of Father's Birth
MALAD IDAHO | | |
| MOTHER | 8. Full Maiden Name of Mother
MARY BECK ADAMS | | | | 9. State or Country of Mother's Birth
MALAD IDAHO | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Mary Myrtle Jones</i>
MARY MYRTLE JONES | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>June 14 1965</i> | | | | 11. Present Address of Registrant
551-2ND AVE NORTH | | |
| | 12. Signature of Notary
<i>Glenda S. Larson</i> | | | | 13. Notary Commission expires
<i>Feb. 12- 1969</i> | | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|--|---|--|-------------------------------------|--|
| SUPPORTING
RECORD 1. | Type of Document
statement regarding church records | | By whom issued and signed
LDS Church, Lee R. McCracken,
ward clerk, Twin Falls 2nd ward | | Date issued
June 8, 1965 | Date Orig. Entry
baptized
Oct. 18, 1903 |
| | Date of Birth
Oct. 6, 1895 | Birth Place
Malad, Idaho | Full Name of Mother
Mary Adams | | Name of Father
John Asahel Jones | |
| SUPPORTING
RECORD 2. | Type of Document
photocopy of application for insurance policy | | By whom issued and signed
Royal Neighbors of America | | Date issued
----- | Date Orig. Entry
March 3, 1924 |
| | Date of Birth
Oct. 6, 1895 | Birth Place
Malad, Idaho
Oneida County | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3. | Type of Document
Own child's birth certificate | | By whom issued and signed
On file Idaho #130811 | | Date issued
----- | Date Orig. Entry
child born
April 18, 1925 |
| | Date of Birth
Age 29 | Birth Place
Malad | Full Name of Mother
----- | | Name of Father
----- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | |
|--|---------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Glenda Larson |
| Date Filed
July 13, 1965 | |

100-443887-100

A circular postmark from New York City, dated FEB 10 1900. The text "NEW YORK" is at the top, "FEB 10" is in the center, and "1900" is at the bottom.

2-3

249-118014-469

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. De 66-132

| | | | | | | |
|---|---|-------------|-----------------------------|---|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Thomas Foster Burns | | | 2. Date (month) (day) (year)
Birth 3 18 1895 | | |
| | 3. Color or Race
W | 4. Sex
M | 5. Place of Birth
Canyon | 6. City or Town of Birth
Nampa, Idaho | | |
| FATHER | 6. Full Name of Father
William Franklin Burns | | | 7. State or Country of Father's Birth
Missouri | | |
| MOTHER | 8. Full Maiden Name of Mother
Fannie Morrison | | | 9. State or Country of Mother's Birth
Missouri | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Thomas Foster Burns</i> | | 11. Present Address of Registrant
916 Olive St. Yuba City, Calif. |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>March 30 1965</i> | | | 12. Signature of Notary
<i>Madell Schoof</i> | | 13. Notary Commission expires
<i>June 7 1966</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|-----------------------------|---|--|------------------------------------|-----------------------------------|
| SUPPORTING RECORD 1- | Type of Document
Federal Census Record | | By whom issued and signed
U. S. Department of Commerce
Bureau of the Census | | Date issued
Mar. 20, 1965 | Date Orig. Entry
June 1, 1900 |
| | Date of Birth
March 1895 | Birth Place
Idaho | Full Name of Mother
Fannie W. Burns | | Name of Father
William F. Burns | |
| SUPPORTING RECORD 2- | Type of Document
photocopy of honorable discharge paper | | By whom issued and signed
United States Army (on file
Co. recorders office) | | Date issued
Feb. 15, 1919 | Date Orig. Entry
Nov. 27, 1917 |
| | Date of Birth
Age 22 | Birth Place
Ampa, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 3- | Type of Document
photocopy of application for insurance policy #1 243 338A | | By whom issued and signed
Metropolitan Life Ins. Co. | | Date issued
Dec. 10, 1927 | Date Orig. Entry
Nov. 18, 1927 |
| | Date of Birth
Mar. 18, 1895 | Birth Place
Nampa, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| QUALIFYING INFORMATION | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. Benson</i> | | Evidence reviewed by
gml Glenda Larson | | Date Filed
Feb. 11, 1966 | |

FEB 11 1966

753207-029-268

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 66-455

| | | | | | | |
|---|---|------------------|--------------------------------------|--|---|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Mary Virginia Pettijohn | | | 2. Date (month) (day) (year)
Of Birth February 3 1895 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Latah | | b. City or Town of Birth
Juliaetta (Fix Ridge - Rural) | |
| FATHER | 6. Full Name of Father
Amos Pettijohn | | | 7. State or Country of Father's Birth
Lynn County, Oregon | | |
| MOTHER | 8. Full Maiden Name of Mother
Flora Elizabeth Boyd | | | 9. State or Country of Mother's Birth
Illinois | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Mary Virginia Willis</i>
Mary Virginia Willis | | 11. Present Address of Registrant
Montesano, Washington
Star Route, Box 94, |
| NOTARY (Seal) | Subscribed and sworn to before me on
April 28 19 66 | | | 12. Signature of Notary
<i>Nellie R. Bruscoe</i> | | 13. Notary Commission expires
January 23 1970 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

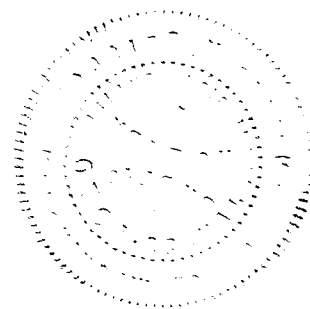
| | | | | | | |
|-----------------------------|--|---|--|--|----------------------------------|--|
| SUPPORTING RECORD 1- | Type of Document
federal census record | | By whom issued and signed
U.S. Department of Commerce
Bureau of the census | | Date issued
Mar. 15, 1966 | Date Orig. Entry
June 1, 1900 |
| | Date of Birth
Feb. 1895 | Birth Place
Idaho | Full Name of Mother
Flora Pettijohn | | Name of Father
Amos Pettijohn | |
| SUPPORTING RECORD 2- | Type of Document
certified copy of own child's birth certificate #118 | | By whom issued and signed
State of Washington
Vital Statistics | | Date issued
Mar. 18, 1966 | Date Orig. Entry
child born Mar. 20, 1926 |
| | Date of Birth
Age 31 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 3- | Type of Document
Affidavit by cousin (born Feb. 7, 1885) | | By whom issued and signed
Ada Pettijohn Davis | | Date issued
Mar. 8, 1966 | Date Orig. Entry
----- |
| | Date of Birth
Feb. 3, 1895 | Birth Place
Fix Ridge, Juliaetta
Latah Co., Idaho | Full Name of Mother
Flora Elizabeth Pettijohn | | Name of Father
Amos Pettijohn | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---|----------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. Benson</i> | Evidence reviewed by
gml Glenda Larson | Date Filed
May 19, 1966 |

MAY 19 1966



DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-551
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | |
|--|---|-----------------------|---------------------------------------|-----------------------------|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>James Lee Hull</u> | | | | 2. Date of Birth
(month) (day) (year)
<u>July 7 1895</u> | | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Male</u> | 5. Place of Birth
<u>Blackfoot</u> | a. County
<u>Bingham</u> | b. City or Town of Birth | | |
| FATHER | 6. Full Name of Father
<u>James Lane Hull</u> | | | | 7. State or Country of Father's Birth
<u>Winchester Kansas</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Sigal Margaret Pritchett Hull</u> | | | | 9. State or Country of Mother's Birth
<u>Carthage Missouri</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>James Lee Hull</u> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>Feb. 3 1958</u> | | | | 11. Present Address of Registrant
<u>Patterson Idaho</u> | | |
| | 12. Signature of Notary
<u>Louis Felt</u> | | | | 13. Notary Commission expires
<u>Feb 27 1958</u> | | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|--|--|--|--|--|
| SUPPORTING
RECORD 1. | Type of Document
<u>Insurance Policy Application</u> | | By whom issued and signed
<u>Sun Life Assurance Co. of Canada</u> | | Date issued | Date Orig. Entry
<u>Oct. 19, 1933</u> |
| | Date of Birth
<u>July 7 1895</u> | Birth Place
<u>Blackfoot, Idaho</u> | Full Name of Mother
<u>----</u> | | Name of Father
<u>----</u> | |
| SUPPORTING
RECORD 2. | Type of Document
<u>Federal Census Record</u> | | By whom issued and signed
<u>U. S. Bureau of the Census</u> | | Date issued
<u>4-24-58</u> | Date Orig. Entry
<u>June 1, 1900</u> |
| | Date of Birth
<u>July 1895</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>----</u> | | Name of Father
<u>Jas. L. Hull</u> | |
| SUPPORTING
RECORD 3. | Type of Document
<u>Affidavit by person who has known him since his birth</u> | | By whom issued and signed
<u>Frank Whitten Age 82</u> | | Date issued
<u>June 13, 1966</u> | Date Orig. Entry
<u>-----</u> |
| | Date of Birth
<u>July 7, 1895</u> | Birth Place
<u>Blackfoot, Idaho</u> | Full Name of Mother
<u>Sigal Margaret Pritchett Hull</u> | | Name of Father
<u>James Lane Hull</u> | |
| QUALIFYING
INFORMATION | School Census, Blackfoot, Idaho, 9-20-54; 1906 Census; age 11; father-J. L. Hull. own child's birth certificate, Idaho #169331; child born Apr. 15, 1927; age 31; | | | | | |
| | born in Blackfoot, Idaho. | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<u>W. W. Benson</u> | | Evidence reviewed by
<u>nr Glenda Larson</u> | | Date Filed
<u>June 20, 1966</u> | |

(H) 6-3-66

JUN 20 1966

Henschel

249-215-014-955

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 66-655

| | | | | | | |
|---|---|-------------------------|--------------------------------------|----------------------------|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<i>Mel Smithson</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Nov. 15- 1895</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Caldwell</i> | a. County
<i>Canyon</i> | b. City or Town of Birth
<i>Caldwell Idaho</i> | |
| FATHER | 6. Full Name of Father
<i>David Elmer Smithson</i> | | | | 7. State or Country of Father's Birth
<i>Marion Indiana</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Minnie Freed</i> | | | | 9. State or Country of Mother's Birth
<i>Caldwell - Idaho</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Mel White</i> | |
| | | | | | 11. Present Address of Registrant
<i>134 Cedarhurst Road
Cubana Mills - Md</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>June 6 1966</i> | | | | 12. Signature of Notary
<i>J. Dudley Gooch, Jr.</i> | |
| | | | | | 13. Notary commission expires
<i>July 1 1967</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-----------------------------|--|---------------------------------------|--|--|--|
| SUPPORTING RECORD 1. | Type of Document
<i>Insurance Policy #2933654</i> | | By whom issued and signed
<i>Massachusetts Bonding & Ins. Co. Boston, Mass.</i> | Date issued
<i>Feb. 1, 1954</i> | Date Orig. Entry
<i>Jan. 9, 1953</i> |
| | Date of Birth
<i>Nov. 15, 1895</i> | Birth Place
<i>Caldwell, Idaho</i> | Full Name of Mother
<i>-----</i> | Name of Father
<i>-----</i> | |
| SUPPORTING RECORD 2. | Type of Document
<i>federal Census Record</i> | | By whom issued and signed
<i>U.S. Department of Commerce Bureau of the Census</i> | Date issued
<i>Nov. 29, 1965</i> | Date Orig. Entry
<i>June 1, 1900</i> |
| | Date of Birth
<i>Nov. 1895</i> | Birth Place
<i>Idaho</i> | Full Name of Mother
<i>Minnie Smithson</i> | Name of Father
<i>David E. Smithson</i> | |
| SUPPORTING RECORD 3. | Type of Document
<i>Certified copy of own child's birth certificate #179117</i> | | By whom issued and signed
<i>State of Pennsylvania 101942-30</i> | Date issued
<i>Jul. 1, 1966</i> | Date Orig. Entry
<i>child born July 4, 1930</i> |
| | Date of Birth
<i>Age 34</i> | Birth Place
<i>Caldwell, Idaho</i> | Full Name of Mother
<i>-----</i> | Name of Father
<i>-----</i> | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|--|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. Benson</i> | Evidence reviewed by
<i>gm1 Glenda Larson</i> | Date Filed
<i>July 26, 1966</i> |

JUL 26 1966

398-204-003-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-257

| | | | | | | |
|--|---|-------------------------|---|---|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Vernona R. Cryst | | | 2. Date (month) (day) (year)
Birth January 4 1895 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Bannock | b. City or Town of Birth
Pocatello | | |
| FATHER | 6. Full Name of Father
Henry Philip Cryst | | | 7. State or Country of Father's Birth
Ohio | | |
| MOTHER | 8. Full Maiden Name of Mother
Alyda A. Manassa | | | 9. State or Country of Mother's Birth
U.S.A. | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. <input checked="" type="checkbox"/> | | | 10. Signature of Registrant
<i>Verna C. Brown (maiden name Vernona R. Cryst)</i> | | 11. Present Address of Registrant
<i>6440 Cecil Avenue Clayton 5 Mo.</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
MARCH 22ND 19 67 | | | 12. Signature of Notary
<i>Dwight T. Swand</i> | | 13. Notary Commission expires
My Commission Expires Oct. 10, 1968 |

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

| | | | | | |
|-------------------------|--|--|---|---|--|
| SUPPORTING
RECORD 1. | Type of Document
Federal Census Record | | By whom issued and signed
U.S. Bureau of the Census | Date issued
Dec. 26, 1957 | Date Orig. Entry
June 1, 1900 |
| | Date of Birth
Jan. 1895
(age 5) | Birth Place
Idaho | Full Name of Mother
Alyda A. <u>Chryst</u> | Name of Father
Henry P. <u>Chryst</u> | |
| SUPPORTING
RECORD 2. | Type of Document
Affidavit by uncle
(bd. 10-21-1877) | | By whom issued and signed
William A. Chryst | Date issued
Nov. 21, 1957 | Date Orig. Entry
----- |
| | Date of Birth
Jan. 4, 1895 | Birth Place
Pocatello, Idaho | Full Name of Mother
Alyda <u>E.</u> Cryst | Name of Father
Henry P. Cryst | |
| SUPPORTING
RECORD 3. | Type of Document
Certificate of Baptism | | By whom issued and signed
St. Joseph's Church, Roman Catholic Church, Pocatello, Ida. | Date issued
Feb. 1, 1967 | Date Orig. Entry
baptized Feb. 6, 1895 |
| | Date of Birth
Jan. 4, 1895 | Birth Place
Pocatello, Idaho | Full Name of Mother
Alyda <u>M.</u> Manassa | Name of Father
Henry P. <u>Chryst</u> | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

| | |
|--|--|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
nr
gml Glenda Larson |
| Date Filed
April 12, 1967 | |

APR 12 1967

Quinn, J. D.



DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

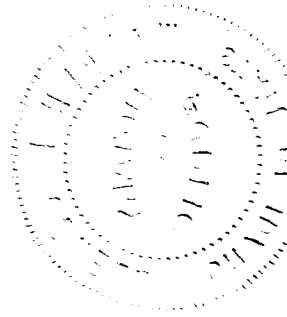
State File No. DE 67-906

| | | | | | | |
|--|---|-------------------------|--|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Joanne Sullivan | | | | 2. Date (month) (day) (year)
Of Birth November 17 1895 | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth a. County
Custer | | b. City or Town of Birth
Clayton | |
| FATHER | 6. Full Name of Father
Cornelius Joseph Sullivan | | | | 7. State or Country of Father's Birth
Ireland - (Co. Cork) | |
| MOTHER | 8. Full Maiden Name of Mother
Sarah Marie Hobbs | | | | 9. State or Country of Mother's Birth
Idaho - Mountain | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
Joanne Sullivan Doering | |
| NOTARY (Seal) | Subscribed and sworn to before me on
October 21 1967 | | | | 11. Present Address of Registrant
Ketchum, Idaho | |
| | 12. Signature of Notary
Marion Espey | | | | 13. Notary Commission expires
July 1 1971 | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|--------------------------------------|--|--|--|
| SUPPORTING
RECORD 1. | Type of Document
Own child's birth certificate | | By whom issued and signed
on file - Idaho # 265058 | Date issued
---- | Date Orig. Entry
child born Mar 26, 1938 |
| | Date of Birth
Age 42 | Birth Place
Clayton, Idaho | Full Name of Mother
----- | Name of Father
----- | |
| SUPPORTING
RECORD 2. | Type of Document
Affidavit by brother Age 79 | | By whom issued and signed
William E. Sullivan | Date issued
Oct. 19, 1967 | Date Orig. Entry
---- |
| | Date of Birth
Nov. 17, 1895 | Birth Place
Clayton, Idaho | Full Name of Mother
Sarah Marie Hobbs | Name of Father
Cornelius Joseph Sullivan | |
| SUPPORTING
RECORD 3. | Type of Document
Insurance Policy | | By whom issued and signed
Idaho Mutual Benefit Assn: | Date issued
Aug 24, 1938 | Date Orig. Entry
Aug 24, 1938 |
| | Date of Birth
Nov. 17, 1895 | Birth Place
Clayton, Idaho | Full Name of Mother
----- | Name of Father
----- | |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
fc Florence Curtright | Date Filed
Oct. 23, 1967 | |

OCT 23 1967

Howdy



636-128-029-636

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **De 69-143**

| | | | | | | |
|---|---|-----------------------|-----------------------------------|--|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Clarence Louis Flomer | | | | 2. Date (month) (day) (year)
Of Birth October 28th 1895 | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth
Idaho | a. County
Latah | b. City or Town of Birth
Genesee | |
| FATHER | 6. Full Name of Father
Henry Flomer | | | | 7. State or Country of Father's Birth
Germany | |
| MOTHER | 8. Full Maiden Name of Mother
Lizzie Flomer | | | | 9. State or Country of Mother's Birth
Iowa | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Clarence L. Flomer</i> | | 11. Present Address of Registrant
721 So. 1st Ave
Walla Walla, Wash. |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>February 6 1969</i> | | | 12. Signature of Notary
<i>Leonard K. Anderson</i> | | 13. Notary Commission expires
<i>11/23/69</i> 19__ |

APPLICANT— DO NOT WRITE BELOW THIS LINE

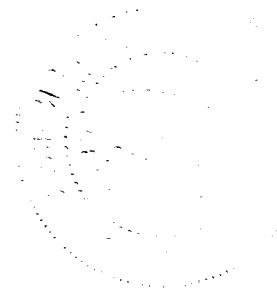
| | | | | | | |
|-----------------------------|--|--------------------------------------|--|--|---------------------------------------|--|
| SUPPORTING RECORD 1. | Type of Document
photocopy of membership record | | By whom issued and signed
Supreme Lodge Knights of Pythias, Star Lodge #5, Genesee | | Date issued
--- | Date Orig. Entry
Dec. 26, 1916 |
| | Date of Birth
Oct. 28, 1895 | Birth Place
Genesee, Idaho | Full Name of Mother
---- | | Name of Father
---- | |
| SUPPORTING RECORD 2. | Type of Document
photocopy of federal census record | | By whom issued and signed
U.S. Department of Commerce Bureau of the Census | | Date issued
Apr. 24, 1958 | Date Orig. Entry
June 1, 1900 |
| | Date of Birth
Oct. 1895 | Birth Place
Idaho | Full Name of Mother
Lizzie Flomer | | Name of Father
Henry Flomer | |
| SUPPORTING RECORD 3. | Type of Document
photocopy of application for insurance policy | | By whom issued and signed
Metropolitan Life Insurance Co. | | Date issued
--- | Date Orig. Entry
Sept. 4, 1920 |
| | Date of Birth
Oct. 28, 1895 | Birth Place
Genesee, Idaho | Full Name of Mother
---- | | Name of Father
---- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

| | | |
|--|--|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
gml Glenda Larson | Date Filed
Feb. 26, 1969 |

FEB 27 1969



213-124-008-759

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE71-187

| | | | | |
|---|---|-----------------------|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
James Henry Ballantyne | | 2. Date (month) (day) (year)
Of Birth April 24 1895 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Idaho City, Ida. Boise | b. City or Town of Birth
Idaho City, Idaho. |
| FATHER | 6. Full Name of Father
James Henry Ballantyne | | | 7. State or Country of Father's Birth
Oregon USA. |
| MOTHER | 8. Full Maiden Name of Mother
Mary Anna . Perkins | | | 9. State or Country of Mother's Birth
Montana, USA |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant
<i>James Henry Ballantyne</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>march 3 1971</i> | | 11. Present Address of Registrant
10430 Whispering Cliffs Boise, Idaho 83702
12. Signature of Notary
<i>Florence Custight</i>
13. Notary Commission expires
4-28 1974 | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | |
|--|--|---|--|---|
| SUPPORTING RECORD 1- | Type of Document
School Record | | By whom issued and signed
Boise High School | Date Issued
Mar. 1, 1971 |
| | Date of Birth
Apr. 24, 1895 | Birth Place
Idaho City, Idaho | Full Name of Mother
----- | Date Orig. Entry
Sept 5, 1913 |
| | | | Name of Father
J. H. Ballantyne | |
| SUPPORTING RECORD 2- | Type of Document
United States Army Honorable Discharge | | By whom issued and signed
D.L. Howree -Col. of Infantry U.S. Army | Date Issued
Dec 3, 1918 |
| | Date of Birth
Age 23 Yrs | Birth Place
Idaho City, Idaho | Full Name of Mother
----- | Date Orig. Entry
July 1, 1918 |
| | | | Name of Father
----- | |
| SUPPORTING RECORD 3- | Type of Document
Insurance Policy # 8,076,038 | | By whom issued and signed
Equitable Life Assurance Soc. Walter H. Copp -Boise, Idaho | Date Issued
April 24, 1930 |
| | Date of Birth
April 24, 1895 | Birth Place
Idaho City, Idaho | Full Name of Mother
Anna (Ballantyne) Perkins | Date Orig. Entry
----- |
| | | | Name of Father
----- | |
| QUALIFYING INFORMATION | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
Sue Lowe | Date Filed
March 3, 1971 |

MAR 3 197

61

386-214-036-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-267

| | | | | | | |
|--|---|--------------------|--|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Emma Merle Thomas | | | 2. Date (month) (day) (year)
Of Birth Jan, 14 1895 | | |
| | 3. Color or Race
W | 4. Sex
F | 5. Place of Birth a. County
Oneida | b. City or Town of Birth
St. John | | |
| FATHER | 6. Full Name of Father
Thomas Stephens Thomas | | | 7. State or Country of Father's Birth
Wales | | |
| MOTHER | 8. Full Maiden Name of Mother
Emma Garene Peterson | | | 9. State or Country of Mother's Birth
Idaho | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Emma Merle Thomas</i> | | 11. Present Address of Registrant
442 West Bridger
Pocatello, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>March 18 1971</i> | | | 12. Signature of Notary
<i>Barbara Tupper</i> | | 13. Notary Commission expires
<i>Jan 9 1971</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|---|--|--|---|--|
| SUPPORTING
RECORD 1- | Type of Document
Insurance Policy 70HO-476998-64M | | By whom issued and signed
Mutual of Omaha | | Date issued
Sep. 1, 1964 | Date Orig. Entry
Aug. 1, 1964 |
| | Date of Birth
Jan. 14, 1895 | Birth Place
Idaho | Full Name of Mother
---- | | Name of Father
---- | |
| SUPPORTING
RECORD 2- | Type of Document
Affidavit by friend of family at time of birth & neighbor | | By whom issued and signed
Rhoda Thomas Age: 86 | | Date issued
Mar. 11, 1971 | Date Orig. Entry
--- |
| | Date of Birth
Jan. 14, 1895 | Birth Place
St. John, Idaho
Oneida County | Full Name of Mother
Emma Peterson | | Name of Father
Thomas S. Thomas | |
| SUPPORTING
RECORD 3- | Type of Document
photocopy of family records kept in cook book | | By whom issued and signed
Family Records | | Date issued
--- | Date Orig. Entry
obviously old |
| | Date of Birth
Jan. 14, 1895 | Birth Place
--- | Full Name of Mother
Emma M. Thomas | | Name of Father
Thomas S. Thomas | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

| | | |
|--|--|-------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. Benson</i> | Evidence reviewed by
Glenda Larson | Date Filed
March 26, 1971 |

Jones, Pomeroy & Jones, Attys

MAR 26 1971

699-111-003-816

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-153

| | | | | | | |
|--|---|----------------|--|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Warren Elwood Wright | | | 2. Date (month) (day) (year)
Of Birth Sept. 11 1895 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Bannock | b. City or Town of Birth
Marsh Center | | |
| FATHER | 6. Full Name of Father
Lehi Wright | | | 7. State or Country of Father's Birth
Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
M. M. Hawkins | | | 9. State or Country of Mother's Birth
Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Warren E. Wright</i> | | 11. Present Address of Registrant
934 E. St. Idaho Falls, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Feb 28 1972</i> | | | 12. Signature of Notary
<i>Florence Curtright</i> | | 13. Notary Commission expires
<i>Apr. 20 1974</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|-----------------------------------|--|--|-------------------------------|---|
| SUPPORTING
RECORD 1. | Type of Document
Church Record of birth | | By whom issued and signed
L.D.S. Church | | Date issued
Jan. 31, 1964 | Date Orig. Entry
Recorded
Nov. 7, 1895 |
| | Date of Birth
Sept. 11, 1895 | Birth Place
Marsh Center | Full Name of Mother
M. M. Hawkins | | Name of Father
Lehi Wright | |
| SUPPORTING
RECORD 2. | Type of Document
Insurance Policy 679 584 | | By whom issued and signed
U.S. Government Life Ins. | | Date issued
Feb. 6, 1928 | Date Orig. Entry
Feb. 6, 1928 |
| | Date of Birth
Age 32 | Birth Place
---- | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3. | Type of Document
Own child birth certificate | | By whom issued and signed
State of Utah # 583 | | Date issued
Oct. 5, 1951 | Date Orig. Entry
Child born
Feb. 19, 1932 |
| | Date of Birth
Age 36 | Birth Place
Marsh Center, Ida. | Full Name of Mother
----- | | Name of Father
----- | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. W. Benson

Evidence reviewed by

fc Florence Curtright

Date Filed

March 2, 1972

MAR 2 1972



153

418-221-216-919

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. DE 72-216

| | | | | | | |
|--|---|---------------------|---|--|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>William Enoch Dayley</i> | | | | 2. Date of Birth (month) (day) (year)
<i>May 21 1895</i> | |
| | 3. Color or Race
<i>W</i> | 4. Sex
<i>M.</i> | 5. Place of Birth a. County
<i>Cassia, Idaho</i> | | b. City or Town of Birth
<i>Basin</i> | |
| FATHER | 6. Full Name of Father
<i>James Keller Dayley</i> | | | | 7. State or Country of Father's Birth
<i>UTAH USA</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Susannah Isabelle Martindale</i> | | | | 9. State or Country of Mother's Birth
<i>UTAH USA</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>W E Dayley</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>March 17 1972</i> | | | | 11. Present Address of Registrant
<i>3110 W 7th</i> | |
| | 12. Signature of Notary
<i>Carlo J. Culpepper</i> | | | | 13. Notary Commission expires
<i>December 29 1975</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|--|---|--|---------------------------------------|------------------------------------|
| SUPPORTING
RECORD 1. | Type of Document
photocopy of LDS Church Certificate of Birth | | By whom issued and signed
Cassia Stake, Basin Ward Rec. Members 10360, Line 10 | | Date issued
Mar. 15, 1972 | Date Orig. Entry
July 5, 1903 |
| | Date of Birth
May 21, 1895 | Birth Place
Basin, Idaho
Cassia County | Full Name of Mother
Susannah Martindale | | Name of Father
James Keller | |
| SUPPORTING
RECORD 2. | Type of Document
certified copy of voting registration record | | By whom issued and signed
Snipes Precinct | | Date issued
Mar. 15, 1972 | Date Orig. Entry
Sept. 29, 1960 |
| | Date of Birth
May 21, 1895 | Birth Place
Basin, Idaho
Cassia County | Full Name of Mother
Susanna Martindale | | Name of Father
James Keller Dayley | |
| SUPPORTING
RECORD 3. | Type of Document
photocopy of insurance policy
#86-124259 | | By whom issued and signed
Beneficial Standard Life Ins Co. | | Date issued
Mar. 15, 1972 | Date Orig. Entry
Sept. 23, 1952 |
| | Date of Birth
Age: 57 | Birth Place
--- | Full Name of Mother
---- | | Name of Father
--- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. Benson

Evidence reviewed by

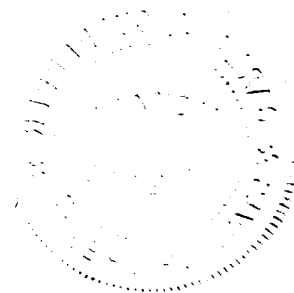
Glenda Larson

Date Filed

April 7, 1972

APR 10 1972

100-100000



266-226-214-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. DE72-490

| | | | | | | |
|--|---|--------------------|------------------------------------|--|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Minnie Belle Bowman | | | 2. Date of Birth
(month) (day) (year)
1 26 1895 | | |
| | 3. Color or Race
White | 4. Sex
F | 5. Place of Birth
Canyon | a. County
Caldwell, Idaho | | |
| FATHER | 6. Full Name of Father
Mounce Bird Bowman | | | 7. State or Country of Father's Birth
Tennessee | | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Elizabeth Parrish | | | 9. State or Country of Mother's Birth
Oregon | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Minnie Belle Bowman</i> | | 11. Present Address of Registrant
1623 Cleveland
Caldwell, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
July 12 19 72 | | | 12. Signature of Notary
<i>Eileen Ender</i> | | 13. Notary Commission expires
February 6 19 74 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|----------------------|---|---------------------------------------|---|---|--|
| SUPPORTING RECORD 1- | Type of Document
photocopy of pages from family Bible | | By whom issued and signed
Family Records in Bible | Date issued
--- | Date Orig. Entry
obviously old |
| | Date of Birth
Jan. 26, 1895 | Birth Place
--- | Full Name of Mother
Mary E. Parrish | Name of Father
Mounce B. Bowman | |
| SUPPORTING RECORD 2- | Type of Document
Marriage License | | By whom issued and signed
State of Idaho, Canyon County | Date issued
----- | Date Orig. Entry
Married |
| | Date of Birth
Age 63 Yrs | Birth Place
Caldwell, Idaho | Rev. C. Waver VanCamp
Full Name of Mother
----- | Name of Father
----- | |
| SUPPORTING RECORD 3- | Type of Document
Own child's birth certificate | | By whom issued and signed
State of Idaho | Date issued
----- | Date Orig. Entry
Child born |
| | Date of Birth
Age 26 yrs | Birth Place
Caldwell, Idaho | State File No. 88377
Full Name of Mother
----- | Name of Father
----- | |

| | | | |
|-------------------------------------|--|---|------------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
gm1 Sue Lowe | Date Filed
July 25, 1972 |

Bob B

JUL 25 1972

345-121-004-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. DE77-337

| | | | | | | |
|---|---|-----------------------|--|--|--|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Walter Daniel Tueller | | | 2. Date of Birth (month) (day) (year)
December 21 1895 | | |
| | 3. Color or Race
Caucasian | 4. Sex
Male | 5. Place of Birth
Paris, Idaho | a. County
Bear Lake | b. City or Town of Birth
Paris Idaho | |
| FATHER | 6. Full Name of Father
John (Johann) Tueller | | | 7. State or Country of Father's Birth
Switzerland | | |
| MOTHER | 8. Full Maiden Name of Mother
Anna Alvina Schaffer | | | 9. State or Country of Mother's Birth
Switzerland | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Walter Daniel Tueller</i> | | 11. Present Address of Registrant
450 Sumac Lane, Provo, Utah |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>July 5</i> 1977 | | | 12. Signature of Notary
<i>Neely Peterson</i> | | 13. Notary Commission expires
5-12 1981 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-----------------------------|---|------------------------------------|--|--|---------------------------------------|--|
| SUPPORTING RECORD 1- | Type of Document
Church certificate of birth | | By whom issued and signed
LDS Church | | Date issued
June 28, 1977 | Date Orig. Entry
June 19, 1904 |
| | Date of Birth
Dec. 21, 1895 | Birth Place
Paris, Idaho | Full Name of Mother
Anna A. Schaffer | | Name of Father
John Tueller | |
| SUPPORTING RECORD 2- | Type of Document
Marriage license application | | By whom issued and signed
Sanpete County, Utah | | Date issued
June 30, 1977 | Date Orig. Entry
Aug. 17, 1929 |
| | Date of Birth
Dec. 21, 1895 | Birth Place
Paris, Idaho | Full Name of Mother
Anna Schaffer | | Name of Father
John Tueller | |
| SUPPORTING RECORD 3- | Type of Document
Insurance application | | By whom issued and signed
Federal Security Insurance Co.
Salt Lake City, Utah | | Date issued
July 20, 1977 | Date Orig. Entry
June 27, 1951 |
| | Date of Birth
Dec. 21, 1895 | Birth Place
Paris, Idaho | Full Name of Mother
----- | | Name of Father
----- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|--|----------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>Janet M. Wick</i> | Evidence reviewed by
cc Colleen Cunningham | Date Filed
JUL 20 1977 |

JUL 20 1977

